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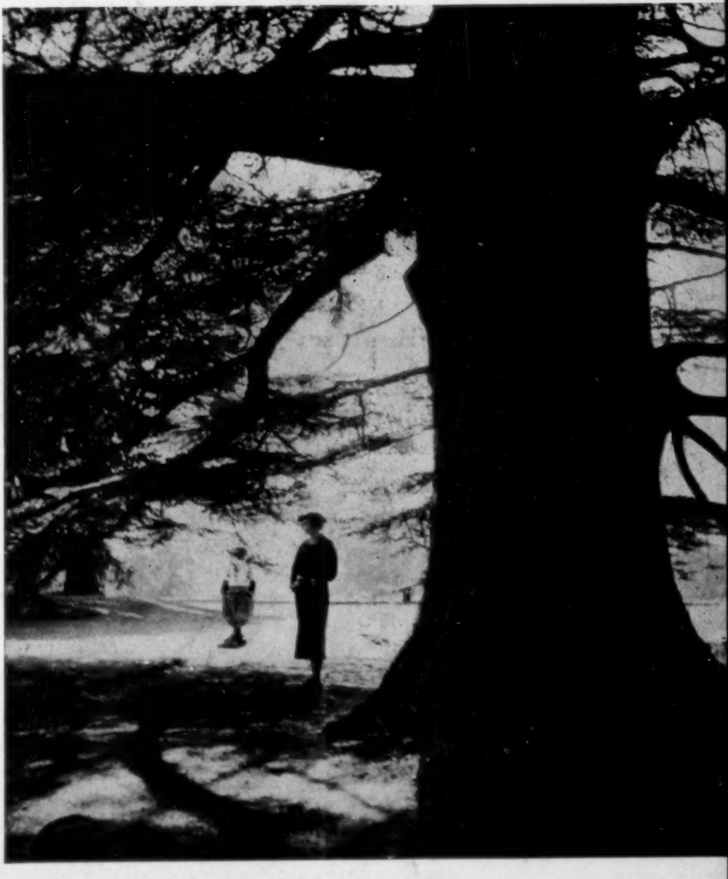
1942

THE CANADIAN NURSE



The Nightingale Tree

Photograph by Cory M. Taylor
See page 756

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Q. I've heard that canners just use the surplus crops. Is that true?

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(1) 1939. Agr. Expt. Sta. Univ. Wisconsin, Bul. 444.
1939. Univ. Maryland Agr. Expt. Sta. Bul. 425.
1937. U. S. Dept. Agr. Farmers Bul. 1253.
1937. Univ. Illinois Agr. Expt. Sta. and Extension Service in Agr. and Home Econ. Circular 472.
1929. Univ. Maryland Agr. Expt. Sta. Bul. 318.

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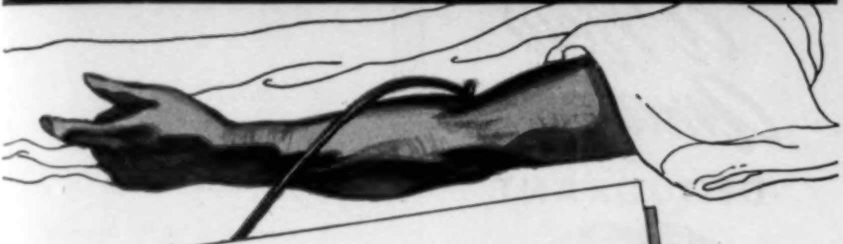

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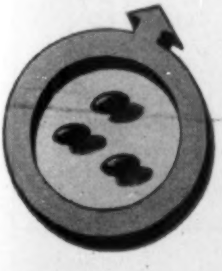

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†Fowler and Barer: "Rate of Hemoglobin Regeneration in Blood Donors." J.A.M.A., 118:421:1942.

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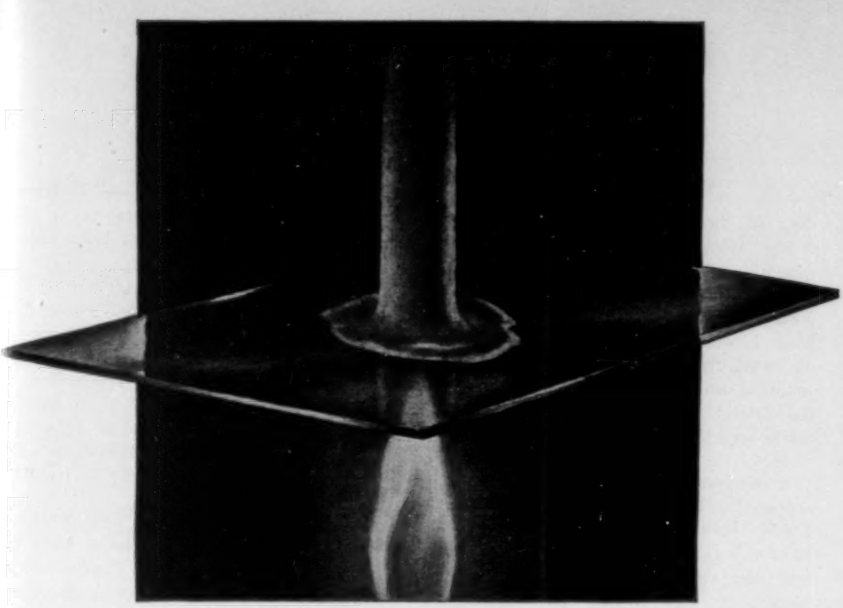

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Reader's Guide

A broad interpretation of our national duty in these days of storm and stress comes from **Marion Lindeburgh** in her capacity as President of the Canadian Nurses Association. While emphasizing the importance of maintaining good standards, Miss Lindeburgh points out the necessity of flexibility in dealing with the critical situation which has arisen as a result of the difficulty of obtaining sufficient workers to keep the wheels turning.

A masterly symposium on poliomyelitis appeared in the June issue of The Canadian Public Health Journal. With the kind permission of the editor, the article dealing with the acute stage is reprinted in this issue. It was written by **Dr. A. E. Deacon,** attending orthopaedic surgeon of the Children's Hospital of Winnipeg. He pays generous tribute to Sister Elizabeth Kenny, the Australian nurse who discovered a more excellent way of treating this cruel and baffling disease.

The problem of the production and distribution of food in wartime is affecting our daily lives even in this land of abundant harvests. **Laura C. Pepper** is the Chief of the Consumer Section of the Federal Department of Agriculture and, because she knows whereof she speaks, deserves a careful hearing.

The Children's Hospital of Montreal recently had to cope with an outbreak of poliomyelitis. **Dora Parry** is the superintendent of nurses and **Madeleine Flander** is the instructress and from them we learn why skilled nursing care was possible even when the shortage of domestic help also became acute. The nursing staff responded magnificently, and so did the voluntary workers who "saved the situation by washing the dishes".

Proof that public health nursing in rural Alberta is still a thrilling pioneer adventure may be found in leaves from the diaries of **Blanche Emerson** and **E. Irene Stewart** both of whom are members of the nursing staff of the Provincial Department of Public Health.

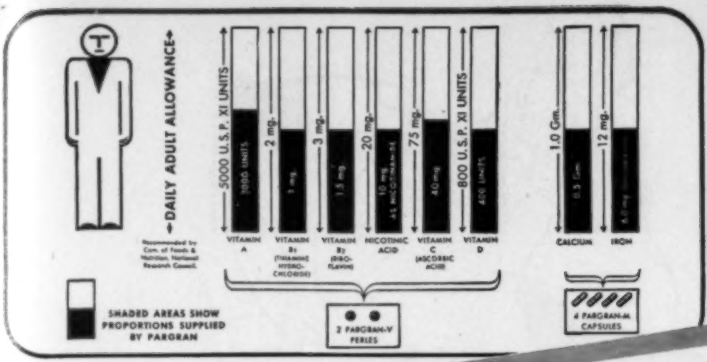
Interesting experiments in recruiting student nurses are jointly reported upon by **Vera Graham,** superintendent of nurses in the Montreal Homoeopathic Hospital and **Sister Anna**, superintendent of All Saints Hospital, Springhill, Nova Scotia. The cooperation of the Alumnae Associations and the student nurses was a notable feature.

Under the caption of the General Nursing Page, **Edith Wainwright** has a word to say from a laywoman's point of view which ought to set us thinking. Mrs. Wainwright is a member of the Board of Education of Owen Sound, Ontario.

There are certain surgical procedures in which a favourable outcome depends upon skilled nursing care. **Helen Levenick** describes the methods used in the gynecological department of the Vancouver General Hospital where she is the head nurse.

An energetic publicity campaign is now being carried on in the press and over the radio under the auspices of the Canadian Nurses Association. In her capacity as Emergency Nursing Adviser, **Kathleen W. Ellis** tells us how we may help by persuading the members of the community to learn about the potentialities of nursing as an indispensable public service.

In the gardens of Embley Park there is a tree under which Florence Nightingale taught her Sunday School class. When the congress of the International Council of Nurses was held in Britain **Cory M. Taylor** wrote the story for the *Journal* and made the excellent photographs which illustrated it. One of the most beautiful was the picture of "the Nightingale Tree" which appears on the cover. It is placed there as as tribute to the memory of a sensitive and talented artist.



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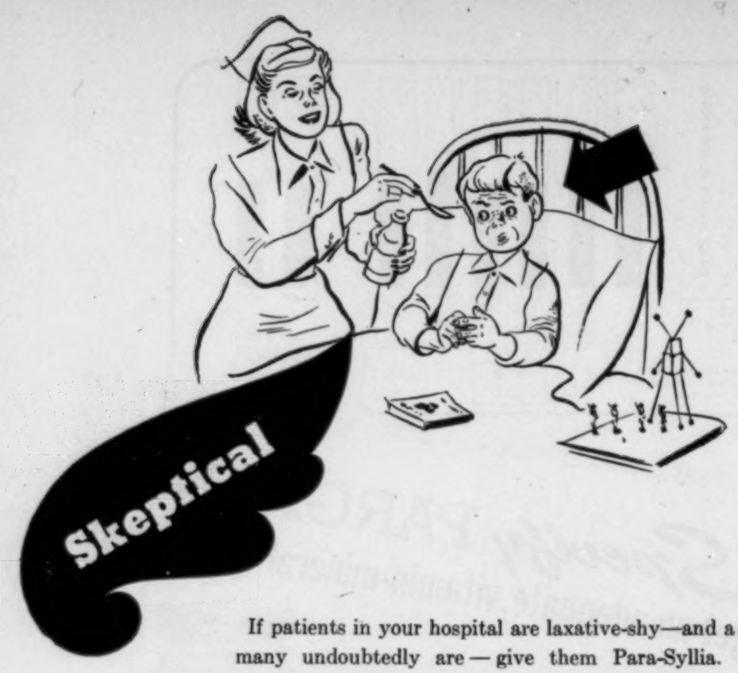

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-EIGHT *NUMBER TEN*

OCTOBER 1942

Our National Duty

O Duty!
Who art a light to guide, a rod
To check the erring and reprove;
Thou, who art victory and law
When empty terror overawe;
From vain temptations dost set free,
And calm'st the weary strife of frail
humanity! (*Wordsworth*)

Since the declaration of war three years ago, the Canadian Nurses Association has gone through various progressive stages of adjustment and reorganization. Those who were privileged to attend the General Meetings of 1940 and 1942, received the direct stimulation of an urgent challenge, and throughout the interval our national *Journal* has kept all members abreast of actual conditions, repercussions, recommendations, and measures which are being adopted to meet the emergency needs in a wartime nursing service.

The official report of the Emergency Nursing Adviser brings into clear focus an assembly of important recommendations which should be studied by all provincial Associations. Contained within these proposals are our goals for wartime and for the future of nursing. It is necessary to discriminate carefully in order to determine what are the most urgent needs within each Province, which, if partly or wholly solved, might simplify other problems which at the moment seem impossible of solution.

Our course of action has been charted, and we must now put our shoulder to the wheel. In our plan of action, we need to be fully aware of possible increasing demands. Nurses will continue to be called for overseas service; gaps must be filled and standards of nursing safeguarded. It might have been impossible, at this time of stress and strain, to make certain emergency adjustments because of the lack of financial resources, but that handicap has been eliminated to some degree through the action of the Federal Government. While the amount of financial aid which has been granted is minimum in relation to existing needs, it is sufficient to initiate an emergency programme, which, if effectively launched and carried out, may win public recognition and further financial support.

Now with a compass in our hands, and enough fuel to "get up steam," three main objectives are before us: the first is to stabilize nursing services in hospitals and in the community; the second is to control the problem of increasing shortage through measures which will bridge the gap between supply and demand; and the third is to undertake means through schools of nursing and university departments to maintain standards of nursing education.

The Provincial Associations are to be commended for the initiative they have shown since the emergency meeting of the Executive Committee of the Canadian Nurses Asociation a year ago. With recommendations carefully formulated by the Emergency Nursing Adviser founded upon first-hand knowledge of conditions in all of the provinces, and being in possession of additional financial aid, the next biennial period affords us greater opportunities for accomplishing.

The Government of Canada is introducing measures to ensure that the total man- and woman-power of the nation shall be fully utilized to win the war. All the professions, including that of nursing, will thus become an integral part of the wartime programme, and nurses have a very important role to play. The conservation of the health of industrial workers is greatly dependent upon a competent nursing service; the nursing of the sick and the wounded is an essential service, and safeguarding the health of mothers and children is fundamental to the solidarity of the nation.

The participation of professional groups in an ordered national defence programme carries special significance. Each group within itself is an organized body, maintaining the right to determine its own requirements of preparation, to set its own standards of professional practice, and to encourage and undertake creative enterprise. The contribution, therefore, that the nursing profession can make to a nationally organized war programme should be characterized by stability and unity of purpose, and action within its own ranks, and it should at the same time manifest a willingness to co-operate in whatever plan is approved for the combination and co-ordination of all types of services, to bring about speedy and effective results. In whatever way nursing may be mobilized, let us not lose the great opportunity this war period affords us to increase our usefulness.

Nurses should at all times, and particularly in wartime, be imbued with a spirit of service, and they should voluntarily give their most and their best wherever and whenever they are most needed. This spirit of self-discipline which is characteristic of true professional service is not less than that which exists among the armed forces: nurses are soldiers too whether serving overseas or on the home front. The professional nurse, motivated by the right ideas, who sincerely believes in the cause of nursing and who honours her profession, displays the marks of the good soldier. She will not desert the ranks at a time of crisis, nor will she seek shelter, leaving others to face the hardships and the struggle. It takes noble women to "stand by" at a time like this. We must all be willing to accept the extra load of responsibility, realizing that even the maximum of our combined efforts is insufficient to meet the increasing demands which are now being made upon nursing: "Give all thou canst; high Heaven rejects the lore of nicely calculated less or more."

There are many problems confronting the Canadian Nurses Association of which limitation of space will not permit discussion, but the most serious of these at the moment is the increasing shortage of bedside nurses, and of specially qualified personnel for positions of teaching and supervision. Public health organizations, as well as hospitals (small hospitals particularly) are being affected. What are the reasons for this shortage and what is the first step to be taken towards a possible solution of the problem?

With this question in mind, review the recommendations adopted at the General Meeting, and it is revealing to discover that practically all proposals directly or indirectly contribute to the solution of this major question.

The recommendation that approved schools of nursing increase their enrolment of students, under conditions of control, is already being put into practice. In this connection it is important to note that the Government grant allocated to the Provinces to be spent according to stated specifications, must show returns in a substantial additional enrolment of students. Provincial Associations will be requested to submit a statistical statement to this effect to the Government at a later date.

While focusing attention upon potential nursing power, it seems almost equally important that measures should be taken to stabilize and to conserve the time and energy of existing nursing personnel. Schools of nursing have a real responsibility in this connection. What is the cause of the general restlessness and discontent in the general nursing group? The following provocative statements, relating to this situation, are contained in a recent issue of "Professional Nursing" which is sponsored by the American Nurses Association:

Could it be because:

Salaries of general staff nurses in your hospitals are far below those currently paid to nurses in public health including industry, or in other comparable occupations?

Hours of work of general staff nurses are long, or broken, contrary to today's general practice in the field ofpublic health and in other occupations?

Opportunities for professional growth are not provided for nurses on your hospital staffs?

The defence programme has opened up more attractive opportunities to nurses elsewhere?

Civil service positions offer greater security and more attractive working conditions than do positions in non-official hospitals and agencies?

Or, could it be because:

Patients in your hospitals and community are encouraged in a lavish use of private duty nursing service?

Plans for careful year-round distribution of the skilled services of private duty nurses have not been worked out in your area?

Or possibly because:

More patients are seeking hospital care because they have hospitalization insurance, and hospitals are increasing their bed capacities without advance planning of nursing service?

Or perhaps even because:

Students in your nursing schools are encouraged to think they're being prepared for executive, supervisory or teaching positions, but not for the actual care of the sick?

What would a careful analysis of nursing administrative and employment practices in your area reveal?

Are these statements applicable in Canada, and if so, what can be done about it? What adjustments and measures could be adopted at once to improve the status of this group which would in time make general nursing in hospitals and staff duty in public health nursing organizations a satisfying career?

The most spectacular, time-consuming and costly part of the emergency nursing programme is our publicity campaign. The press, the radio and the screen are all being used to good purpose. The public is becoming awakened to the fact that nurses exist and that the service they are giving is not only of national significance, but is indispensable to the health and welfare of the Canadian people. It is necessary that parents and the public in general should think well of nurses and nursing if young women of the right calibre are to enter the nursing field in increasing numbers. Through effective publicity methods, a strong appeal is being made. As one nursing authority says: "Recruitment is the big job on all nursing fronts."

Provincial Associations are doing good work in getting their publicity programmes under way. The following excerpt from an appeal made by one provincial president in the local press strikes the right chord, and should make a favourable impression upon the general public, parents and public-spirited young women:

> The country's need for a large force of nurses-in-the-making is imperative. Without nurses in the future, our wounded in the battle fields will remain unattended and our hospitals will be forced to close down. Our young women must come forward now, if this tragedy is to be averted. Too little is known about the modern training school for nurses, and few realize the opportunities which nursing gives to young women with health, ambition and a desire to do a public service.

While "stage" methods of publicity can be very productive, the most effective publicity is through the medium of the nurse herself. Through social and professional contacts, nurses can promote or destroy the interest, confidence and respect of the public in nursing. What nurses are, what they say and do, can serve as the greatest influence in drawing high school and university graduates into the profession. To the best of our ability let us endeavour to interest and to secure suitable recruits.

The degree of success which will accompany the efforts of the members of the Canadian Nurses Association during the next two years, will depend primarily upon our awareness of the seriousness of the present situation, as it may affect nurses, and consequently the service which only nurses can give. Results will also be dependent upon clearness of vision and sober judgment in deciding upon policies and action as a war measure. They may be in the nature of a compromise which will necessitate the temporary relinquishment of "approved" standards, but we must face the facts and make adjustments accordingly. If we are inflexible and insist upon adhering strictly to established administrative and educational policies, and in this way lessen or weaken the contribution we could and should make to a national defence programme, we are not responding to the appeal for a "total war effort." Flexibility is necessary, but it must be combined with insight and foresight. We must try not to jeopardize the improvements which have been made and the new standards which have been established, particularly since the Survey of Nursing Education in Canada. To sacrifice unnecessarily the standards of nursing education and service which have taken years to institute, would be disastrous, and we should justly be condemned by those who will follow us in the path of nursing history.

Where then are we going to begin to take action? School and hospital problems are becoming more acute; unless first aid treatment is undertaken immediately, there may be a permanent scar. Many of us can recall vividly nursing conditions during the last war; the adjustments, the reconstruction measures, the re-defining of objectives and expansion of services, which developed in the post-war period. Our present situation is analagous in many respects; again the challenge is great — even greater — but we have reason to believe that through determination, and strength of brain and brawn, the integrity of nursing will survive. Miss Nutting has said: "The systems, methods and institutions we cherish today may fade and pass, but the developed mind and imagination of future nurses must be equal to the task of creating new ways, new ideas. I know but one foundation upon which the nursing of the future, with all its inspiring possibilities, can be safely built, and that is the educated minds and spirits of those whose work it will be."

Marion Lindeburgh
President
Canadian Nurses Association.

The Treatment of Poliomyelitis in the Acute Stage

A. E. Deacon, M.D.

Previous to the epidemic of 1941 we had focussed our entire attention on the muscles showing a flaccid paralysis. We believed that these muscles were flaccid because their motor cells in the anterior horns of the spinal cord had been injured or killed, and were no longer furnishing the flaccid muscles with motor nerve impulses to activate them. Recovery in the flaccid muscles was considered due to recovery in the damaged anterior horn motor cells, so we directed our treatment to the protection of the flaccid muscles during their period of temporary paralysis. We protected them from stretching and fatigue by splinting them in the relaxed position, and endeavoured to maintain their circulation and metabolism by radiant heat and massage. Deformities were believed to arise from contraction of the inefficiently opposed, supposedly unaffected muscles, and the splinting was designed to prevent these supposedly healthy muscles from contracting. We had learned from experience that uninterrupted splinting led to a sort of "setting" in the relaxed muscles, and to stiffness in the joints. By removing the splints daily and passively moving the joints through their full range of motion, we were able to prevent the "setting" of the muscles and rigidity of the joints, but in many cases the deformities which we were trying to prevent did, in fact, arise, despite our best efforts.

Sister Elizabeth Kenny, of Australia, but now in the United States, visited us at the Children's Hospital and revolutionized our ideas on the symptomatology and treatment of acute anterior poliomyelitis. Her visit coincided with the height of the epidemic when we had in the Hospital a few cases in the acute stage, and a number just a few weeks past the acute stage. These cases furnished excellent demonstration material. Miss Kenny demonstrated to our satisfaction that some of the supposedly healthy muscles were not unaffected by the disease but were in a state of spasm, and she showed us spasm in some of the muscles on every one of our patients. These spastic muscles were in each case the antagonists of the flaccid muscles. They were partially contracted and the patient could not voluntarily relax them to their full resting length although he could voluntarily further contract them. In the acute cases the patients complained of pain in the spastic muscles even at rest, while those just over the acute stage complained of pain when the spastic muscles were passively stretched. All complained of pain and tenderness on deep palpation of the spastic muscles. In the cases in the acute stage the whole spastic muscle was tender, but in the older cases the spasms were localized to definite areas. These localized spasms resembled cramps. They were tender to palpation, harder than the surrounding muscle, and felt stringy or fibrous. According to Miss Kenny, the spastic muscles are the ones directly affected by the disease in the central nervous system, and acute anterior poliomyelitis should be classed as spastic paralysis rather than a flaccid paralysis. The spastic paralysis develops first, and th flaccid paralysis is secondary, a result of the spastic paralysis.

Miss Kenny demonstrated her systematic examination for spasm which begins with the posterior neck muscles and extends downward to the muscles of the feet. It consists of a series of manoeuvres which passively stretch definite muscles, or groups of muscles, the presence of spasm being detected by the fact that the spastic muscles cannot be stretched to their full length, stretching causes pain, and definite tender areas can be found in the spastic muscles. In one of our very acute cases the spasm in the left abdominal muscles was so severe that it appeared as a visible groove, and the patient was crying with pain in this area.

Miss Kenny considers the flaccid paralysis as mostly, if not entirely, functional in nature rather than due directly to the disease in the central nervous system. If one group of muscles is in spasm and cannot relax, the antagonistic group is prevented from fully contracting due to the brake-like action of the spastic muscles; any attempt at contraction of the non-spastic group stretches its antagonistic spastic group and increases the spasm and pain; a fear complex is set up and the patient refrains from using his non-spastic group; a functional break-down between the brain-control and the non-spastic group develops and the non-spastic muscles undergo a flaccid paralysis. According to Miss Kenny, the patient loses his mental awareness of these flaccid muscles, and the flaccid muscles become "alienated" from their brain control. We were astounded to see Miss Kenny cause patients to use flaccid muscles, which we had observed to be totally paralyzed, merely by restoring the patient's mental awareness of those muscles, and thus correcting their alienation.

The third thing Miss Kenny demonstrated was inco-ordination and muscle substitution. With a moderate degree of spasm in one group of muscles and flaccid paralysis in the antagonistic group, the patients could voluntarily move the joint in both directions but the movement was not smooth and co-ordinated but jerky and ataxic. Where spasm was preventing the active use of the antagonistic muscles the patients tried to substitute other muscles to perform the action. For instance where the posterior neck muscles were in spasm, and the sterno-mastoids were flaccid, the patients invariably substituted the platysma for the sterno-mastoids in an effort to raise the head while lying in the supine position.

According to Miss Kenny, then, the three chief symptoms of acute anterior poliomyelitis are spasm, alienation, and muscle inco-ordination. Her treatment consists of relieving these symptoms in that order. The spasm is relaxed by applying hot fomentations to the spastic muscles as soon as possible, fomentations continuing until all the spasm is relaxed. Constant heat such as electric pads, radiant heat, continuous hot baths, or hot wax is not used because it is Miss Kenny's opinion that a varying temperature is better. It is supposed that the heat of the newly applied fomentations relaxes the muscle fibres to their full capacity, and that the cooling of the foments causes contraction of the muscle fibres. In this way the fibres are prevented from losing their ability to contract and relax.

The alienation is combated by retaining as far as possible the normal reflexes in the flaccid muscles, by restoring the patient's mental awareness to his alienated muscles, and by stimulating his flaccid muscles reflexly through their proprioceptive system. The patient's mental awareness of his alienated muscles is restored by fixing the patient's attention on the insertion of the alienated muscle and explaining to him the normal action of that muscle, or group of muscles. Sometimes this is sufficient to overcome the alienation and the patient immediately begins to use his formerly flaccid muscles. In other cases, the alienated muscles can be reflexly stimulated through stimulating the proprioceptive endings in the muscle, tendon, and joints by gently stretching the muscles passively, and by passively moving the joints which they control. In several cases Miss Kenny caused the tendons of flaccid muscles to stand out by stretching the muscles and moving the joints they controlled. This she interpreted as evidence of increased muscle tone in response to physiological stimulation. The muscle inco-ordination she corrects by first correcting the spasm and alienation and then teaching the patients to make the movements slowly and smoothly by repeated exercises. She prevents attempts at muscle substitution by teaching the patients to keep their healthy muscles relaxed while trying to use the paralyzed muscles.

Miss Kenny has a very strong objection to the use of splints. She says that they are unnecessary because the alienated muscles do not require to be rested in the relaxed position and because a muscle imbalance without spasm will not produce contractures. She points out that they are harmful because they prevent the treatment of the spastic muscles by hot fomentations, they abolish most of the normal reflexes in the flaccid muscles, and they prevent the treatment of the alienated muscles. They also stretch the spastic muscles, and aggravate and perpetuate the spasm. They cause a disuse atrophy, weakness, and shortening in the alienated muscles, and a stiffness in the joints. According to Miss Kenny, the deformities arising out of an anterior poliomyelitis are wholly due to the spastic muscles. Since splints aggravate and perpetuate the spasms, they not only fail to prevent deformities but, in fact, help to produce them.

We were favourably impressed by Miss Kenny's demonstration and views on poliomyelitis. We could feel the spasm she demonstrated and see the effects they were producing. Moreover, we could detect them ourselves in other patients. We saw her correct alienation in a few minutes on our patients, which impressed us with the functional nature of the flaccid paralysis in those cases, and we clearly saw the inco-ordination and muscle substitution. After she left, we decided to put her method to the test and see how it worked in our hands and on our patients. We also decided to follow her methods as precisely as possible and to add or subtract nothing until we had thoroughly mastered her technique. We have followed this decision to date. Our beds are set up with the fracture boards, foot boards, hard mattress, and the trough for the heels. The patients are systematically examined for spasm, alienation, and inco-ordination. We have found spasm in some of the muscles in over five hundred cases arising out of the epidemic of 1941 and in some of the 1938 and 1937 cases. The stiffness of the neck and back in acute poliomyelitis has been recognized for years, but we think erroneously attributed to meningeal irritation. It has no resemblance to the stiffness seen in true meningitis, and is, in fact, a part of the spasm peculiar to poliomyelitis. Any of the skeletal muscles, or groups of muscles, may be spastic in poliomyelitis. We have frequently observed spasm in the posterior neck and back muscles, the trapezius, the pectoralis major and minor, the biceps humeri, the hamstrings, and the calf muscles; and less frequently in the muscles of the abdominal wall, the extensors of the hands and feet, and the interossei. Wherever spasm was found it was treated by hot fomentations and in most of our cases the spasms have relaxed after the application of the fomentations. We have noted a number of instances where the spasms have returned with the beginning of activity and have had to be again relieved by more fomentations. We are firmly convinced that the spasms are the cause of the deformities. We have not seen one deformity, not even a foot drop, develop in patients under treatment despite the fact that no splints have been used. On the other hand, we have found spasm in every case that came for treatment weeks or months after the acute stage and presented deformities, and we have seen these deformities correct themselves when the spasms were relaxed by hot fomentations.

In a few cases we have been able immediately to correct alienation by Miss Kenny's method, but in most cases it has taken a matter of weeks, and sometimes months. Apparently the longer the alienation has existed, the more difficult it is to correct. We do not doubt that in some cases with severe and widespread damage in the spinal cord the flaccid paralysis is due to destruction of anterior horn cells, and therefore permanent; but we are convinced that in most cases there is a large functional element and that the flaccid muscles are indeed alienated from their brain control. We also feel that the time and effort devoted to the correction of the inco-ordination and muscle substitution have been well rewarded.

Miss Kenny's technique of examination and treatment has been carried out as meticulously as possible in this Hospital since August, 1941. We have found it to produce better results than any method we have hitherto used. Until some better way is found this is the method we will use for our patients of future epidemics.

Note: This article was originally published in the June 1942 issue of the Canadian Public Health Journal and is reprinted with the kind permission of the editor.

Nursing Aspects of Poliomyelitis

DORA PARRY *and* MADELEINE FLANDER

When it became apparent that an outbreak of poliomyelitis was imminent in Montreal it was decided that the Children's Memorial Hospital would set aside a special ward for the treatment of these children. A ward previously used for rheumatic cases was chosen because the physical set-up was such that few alterations were required to transform it into a working unit. The ward was emptied overnight and twenty-five beds made ready for new admissions. Three respirators were set up but so far it has not been necessary to use them because patients with respiratory distress have been treated by the method described in this article.

A sterilizer was installed which could be used for preparing fomentations. A clothes wringer was clamped to one side and large holding forceps were used to handle the blankets. Old blankets were obtained from the linen room and cut into pieces of varying sizes and shapes. When this supply began to diminish, doctors and other friends provided more. Rubber sheeting and dry blankets were used to cover and secure the fomentations. The adjacent dressing room was set up so that it could be used for lumbar puncture, blood transfusions, and intravenous glucose. All these were kept in constant readiness and one preparation tray was kept sterile. Other equipment was ready in autoclaved sets. Isolation technique was maintained and included the disinfection of excreta. All dry refuse was burned and liquid waste was also disinfected.

Upon admission each patient immediately came under the supervision of the physiotherapy department and there were at least four and often more physiotherapists working on the ward during the greater part of the day. A bath, especially designed for hydrotherapy treatment, was installed for the use of the older children, and the ordinary bath tubs which were already available were used for the smaller children. Each patient was laid flat on a firm mattress under which a fracture-board was placed. To give space between the mattress and the foot of the bed the mattress is pulled up about four inches, passing underneath the first cross-bar of the frame at the head of the bed. In some instances a short cot-mattress was used on a full-size bed. A foot-board was made for each bed consisting of two boards each of which was equal in length to the width of the bed, and was about fourteen inches wide. These boards are attached to one another at right-angles by an ordinary shelf-bracket fastened at each end. The foot-board is placed so that one surface rests on the springs of the bed coming just underneath the mattress; the other surface rests against the frame of the foot of the bed and extends slightly above it. A four-inch wooden cube was placed at each of the two corners of the mattress between it and the foot-board. These act as wedges and prevent the mattress from slipping downwards. The upper sheet was arranged over the top of the foot-board so as to avoid touching the toes. The space provided either by pulling up the mattress at the head of the bed, or by using a short mattress on a standard bed, provides a trough in which the heels may rest, thus avoiding pressure.

Upon admission a child was bathed and wrapped in his woollen blanket to await the initial treament consisting of lumbar puncture for confirmation of diagnosis, blood transfusion, and an intravenous of 25 percent glucose. When placed in bed, each child was taught to lie flat with his arms at the side of his body, and his feet pressing against the foot-board as though he were pretending to walk up it. The phrase "walking up the board" was repeated to the child many times daily so as to give a positive mental suggestion of walking.

In order to relieve the spasm of the muscles, which is one of the characteristics of this disease, most of the children were given continuous fomentations night and day immediately following their admission. Muscles on the surface of the body may be actually observed while in spasm; they become extremely tense and appear hard and cord-like to the touch. This spasm is usually relieved by the application of fomentations but is aggravated by pressure or movement. The physiotherapist, working very closely with the doctor at all times, indicated the areas which were to be fomented and the packs were changed often enough to keep them warm. Three gallons of water were put into the sterilizer and eight ounces of boracic crystals were added. The addition of these crystals prevented the skin rashes which occurred when plain water was used. As the child improved the packs were given only three times daily for about two hours at a time until the spasm of the muscles was relieved. In other cases, fomentations were applied at intervals of two hours both day and night. When the patient was removed from the pack the body was dried and the child was left in the dry woollen blanket for about half an hour. A few of the older children disliked the sensation of the woollen blanket, particularly on the back, but they were never troublesome about it.

Routine nursing care was simplified as much as possible because the application of the fomentations took so much of the nurses' time. The children were fed, or were allowed to feed themselves, according to the directions of the doctor and the physiotherapist. Extra fluids were given while the packs were being applied because perspiration was usually profuse. The patients remained flat on their backs most of the time but, two or three times daily, they were turned onto the face for a few minutes with the feet hanging over the edge of the mattress. This change of position afforded a short rest or an opportunity for applying fomentations to the back.

Those children who suffered considerable pain in the hamstrings and the muscles of the calves of the legs, or in the abdominal muscles, were made as comfortable as possible by placing pillows under the knees. As soon as the muscle spasm and pain were relieved the legs were gradually placed flat on the mattress in the position already described. Most of the children accepted the packs very well and lay quietly enough. In the initial stages of the disease when, due to spasm, the muscles are hard and tight, severe pain is caused by movement or even by the gentlest touch; nevertheless the patients were so much relieved by the application of fomentations that they often slept through the changing of the pack. At this same stage extreme nervous irritability is usually present but in most instances this, too, was noticeably lessened. In a short time the crying would cease and it was not uncommon to walk into the ward and find the children singing. When the arms and hands were not involved the children were allowed suitable play activities. An older boy, admitted several days after the onset of a bulbar paralysis, said that the hot packs relieved his difficulty in breathing almost immediately.

He required feeding by gavage as he was unable to swallow. However, he has done very well and the respirator was not used. One child of seven was very difficult to manage in spite of extensive involvement. His family history was one of strife and emotional difficulty at home. To keep him in his pack required the greater part of the time of one nurse.

This description of treatment by fomentation makes it clear that it involves a very great deal of work. Finally a time came when there were not enough nurses to carry on, even though every procedure had been simplified as much as possible. The Hospital, therefore, approached the Women's Voluntary Service Centre Hospital Brigade for volunteer help. The response was most gratifying and four workers reported for duty each morning and were relieved by four additional workers in the afternoon. All these volunteers were over forty-five years of age. They helped to apply the fomentations and to feed the children and when domestic help failed completely they saved the situation by washing the dishes.

Appreciation of Miss Helen Locke

In this brief appreciation of Miss Locke, written for *The Canadian Nurse* following her retirement from the Toronto General Hospital, it is not the intention to give a biographical sketch, either personal or professional, but rather to speak of the intrinsic beauty of her character, so well known to her contemporaries and the students who have passed through the school in the last quarter of a century.

In the realm of the spirit, Miss Locke has been a great leader. She has never preached, but has consistently practised the great fundamental principles of the Christian religion. Her shining faith in God has illumined her road through all the years since she came in 1913 to the Toronto General Hospital Training School for Nurses as assistant to Miss Jean I. Gunn, the superintendent.

Human nature is such a strange mixture of bad and good, that, in appraising most people, we can judge only by their preponderating qualities. But Miss Locke has a clear and positive selflessness and from this stream there stem such virtues as loyalty, steadfastness and kindness—the qualities which give life pur-

Photo by Randolph Macdonald, Toronto

HELEN G. R. LOCKE

pose and meaning and which constitute real strength.

The idealist is usually the most practical of all people, popular opinion to the contrary. This is indubitably true of Miss Locke. She has been a shrewd administrator, as those behind the scenes are well aware. She has never been ambitious for public acclaim, but her vigilant work in the background has been of inestimable importance to the Training School and to the Hospital.

No one would acknowledge this more readily than her friend and chief, Miss Gunn. Indeed, the strong bond which united these two nurses is one of those rare and beautiful things which we find all too seldom. They trained together in the Presbyterian Hospital, New York, and, after Miss Gunn was appointed Superintendent of Nurses in 1913, she sent for Miss Locke to come as her Assistant. Through all those years they worked together professionally in harmony, and their friendship deepened and strengthened. In the last difficult days of Miss Gunn's life, Miss Locke carried the responsibility of the training-school and hospital, and, at the same time, was a constant source of cheer and comfort to Miss Gunn personally.

After Miss Gunn's death, Miss Locke did not even allow herself the luxury of mourning, for she felt that a continued atmosphere of gloom would be very bad for the students and staff. So, with sound common sense, she threw herself whole-heartedly into the festivities of the first school party that occurred afterwards.

It would be impossible to enumerate all Miss Locke's kindnesses to those who are shut away from normal activities because of illness but it is well known that most of her off-duty hours are regularly spent in visits to them. Telephone calls of reassurance to the households of patients were never a burden to her and so one could go on enumerating,

That best portion of a good man's life
His little nameless, unremembered acts
of kindness and of love.

Like all people who are well-adjusted to life, Miss Locke radiates happiness. Her sense of humour is very strong, and makes her always "good company".

As a tangible sign of their appreciation, the Alumnae Association gave Miss Locke, as a parting gift, a Victory bond for a thousand dollars and entertained her at an afternoon and evening reception in the residence.

Miss Locke has now gone to live with a devoted sister in Melbourne, Quebec, in surroundings that she loves. Her particular niche can never be filled but, while missing her sorely, all her friends rejoice over her happy retirement at a time when, we hope, there lie ahead many happy years of leisure.

In conclusion, let us quote Kipling's version of praise for famous men (and women) which seems particularly appropriate for Miss Locke :

Let us now praise famous men
Ancients of the College;
For they taught us common sense,
Tried to teach us common sense,
Truth and God's Own Common Sense,
Which is more than Knowledge!

—J. E. B.

Food in a Nation at War

Laura C. Pepper

Food has a new importance after nearly three years of war and the economy of this country is so inter-related with the economy of the Allies that war in the Libyan desert and the North Atlantic, war in Australia and the jungles of Burma, is now affecting the diet of Canadians. In 1942, the people of this country have a double responsibility. They must share their food with the United Nations and they must also educate themselves in the nutritional field so that they can get the greatest value out of the food at their disposal and so achieve efficiency through good health. This second duty involves, as well as a knowledge of nutrition, a knowledge of markets and a price-consciousness.

Evidence that all is not well with the Canadian diet is contained in the high percentage of rejections in the recruits for military service. Almost 43 percent of all men examined are being declared physically unfit. This bears out the results of dietary surveys which were completed in 1939 in the four Canadian cities of Halifax, Quebec, Toronto and Edmonton. These studies showed wide-spread deficiencies especially of the B vitamins, Vitamin C, calcium, iron and Vitamin A. These deficiencies were not so marked as to be the direct cause of illness in most cases but were severe enough to handicap the health and strength of the families studied. Analysis of the results showed that the father was the best fed member of the family; babies and young children came next and teen-age children and the others were the worst fed. It therefore seems that families recognized the importance of health for the wage-earner and that the many programs that have been carried on in infant nutrition have helped to make mothers realize the importance of proper food for growth. That the tremendously high requirements of the teen-age child have not been properly realized is born out by the fact that many of the rejected recruits were drawn from that age group.

In November 1941, realizing the importance of physical fitness in a nation at war, the government established Nutrition Services, in the Department of Pensions and National Health. This Service, which is directed by Dr. L. B. Pett, has been making a survey of the diets of workers in war industries and has given advice and suggestions for their improvement. Then, to, nutrition committees have been set up in most Canadian provinces and every effort is being made, through nutrition services, to co-ordinate the programs across Canada and to make communities nutrition-conscious. It is hoped that a knowledge of good nutrition will make it possible for Canadians to substitute foods intelligently if, through war shortages, substitution becomes necessary.

To get the right foods, it is necessary to know not only what to buy but how to buy it, and it is in this connection that the Consumer Section of the Department of Agriculture can be of assistance. This Section is interested not only in the marketing and preparation of food, but also in available supplies and quality. In this war Canadians realize that their dietary problems are largely a question of eating sufficient quantities of the right kind of food, and not primarily a question of shortages of certain foods as was the case in the last war which resulted in meatless and wheatless days. The Consumer Section is interested in conservation in its broadest sense and every effort is made to help Canadian women make the best use of national products, whether in war or in peace.

Both nutrition and marketing are very closely linked wtih the subject of price-control. The Consumer Branch of the Wartime Prices and Trade Board has asked women to co-operate in maintaining the price ceiling and preventing inflation which would make it impossible for the housewife to buy enough foods to nourish her family properly. Nutrition programs become merely paper plans unless price control keeps some check on the spiral of inflation which it was feared would be an inevitable consequence of war. It is not enough that prices be kept steady, if the quality of the goods sold deteriorates. In the realm of food, the public is protected in this matter by the excellent system of grading and labelling which has been worked out by the Department of Agriculture and the Department of Pensions and National Health.

The primary function of agriculture has always been to produce foods for Canadians. Added to this at present is the gigantic task of producing food for Britain. Germany, as early as 1936, realized that food was a weapon of defence and prices were controlled so that more nutritious foods were cheaper than those less essential to health. Britain, since the war, has considered food values as well as shipping space. The importance of the B vitamins has been realized and national whole-meal flour has been widely promoted so that the most could be made of Britain's wheat imports and the health of her people benefitted. Although Canada is fortunate in not having to worry about a wheat shortage, her government has recognized the need for getting the best value from Canadian foods and has recently helped to develop a new milling process by which Vitamin B white flour (Canada Approved) is on the market and will help to increase the B vitamins in Canadian diets. When it is realized that 80 percent of the Canadian diets studied were low in the B vitamins, the importance of this step becomes apparent.

Britain's chief demands are for the protein foods which are necessary for growth and the maintenance of body tissue. Canadian agriculture has met these requirements and in some cases has shipped more than that for which contracts were made. The largest contract was for bacon, and for other pork products which supplied both protein and fats for the British diet. The present contract, to be completed before September 30, 1942, is for a minimum of 600,000,000 pounds. In order to fill this contract it has been necessary to restrict the domestic consumption of pork by 50 percent. British contracts call for Wiltshire sides but pork tenderloin, heads, jowls, spare ribs and trimmings are not used for export. Certain quantities of other cuts and some bacon is also available for home consumption because, while of excellent quality, they do not fulfil export requirements. Dairy products have also been shipped to Britain. The most important in this group is cheese. The present contract is for 125,000,000 pounds but production is well ahead of last year and it is hoped that it will not be necessary further to restrict the Canadian market. Cheese has been on Canadian grocery shelves since the shipments to Britain began, but not in the amounts and kinds that were available in pre-war days. Evaporated milk has also been sent overseas in quantity and last year 685,000 cases were shipped. Before the war, something over one million eggs were supplied annually to Great Britain but this trade has greatly increased. Since February of this year, all eggs have been shipped in powdered form to conserve space. Thirty dozen eggs weigh only ten pounds in this form and it is expected that Britain will take approximately 45,000,000 dozen this year.

Some of the staple exports of former years have been war casualties — among these are apples. It is hoped, however, that arrangements will be made to ship large quantities of dried apples from the 1942 crop. Other contracts or arrangements for the third year of war include honey, canned tomatoes, onions and fruits preserved in a special solution for processing in Great Britain. It is not only agricultural products which are needed overseas, however. This year the Department of Fisheries has allocated its entire salmon and herring pack to the mother country which last year was supplied with 1,500,000 cases of salmon and 1,000,000 cases of herring. All Canadians do not have a part to play in producing this food for Britain, but they can greatly assist in its proper distribution by watching for food reports in the press and co-operating with the government by limiting consumption of those foods that are required to complete shipping contracts. Each person can also contribute to the success of the war effort by improving his, or her, own nutritional status by following rules for good nutrition and buying intelligently. Guess-work in buying soon becomes expensive. It is now the duty of every Canadian to buy more food having nutritional value, and spend less on food accessories, such as spices, flavoring and condiments that merely appeal to the appetite.

Food rationing, up to the present, has not affected the nutritional value of diets in this country. Too high a proportion of the energy value of present-day diets has come from the "unprotective calories" — white bread, sugar and other sweets. Sugar rationing means that more whole-grain cereals, more fruits and more vegetables can be included in menus. Tea and coffee, which act as mild stimulants, have no food value in themselves. The Nutrition Services in the Department of Pensions and National Health recommend that the following foods be included in meals every day:

Milk: 1½ pints to 1 quart for children; ½ pint to 1 pint for adults.

Vegetables: two servings daily besides potatoes; one leafy or raw vegetable if possible; use green and yellow vegetables often.

Meat: at least one serving daily of meat, poultry, fish or cheese; liver, heart and kidney are especially rich in vitamins and minerals should be included at least once a week.

Fruit: two servings daily of fresh or canned fruit; one of these servings should be tomato or citrus fruit.

Cereal: one serving of whole grain cereal daily; bread should be whole grain of the new vitamin rich white or brown, (Canada approved.)

Eggs: one daily if possible, or at least three to four times a week.

Butter: at least two tablespoons daily.

Sweets: may be added as needed and plenty of water—four to six glasses daily.

Canadians are fortunate in that all the foods essential to health can be produced in their own country. In the post-war world it is likely that much of the food that is now being diverted to Britain will be available for home consumption so that with a proper knowledge of nutrition the people of Canada will be in a splendid position to attain health through good eating habits. With this new knowledge they should also see the necessity of guiding production into channels that will produce foods essential for nutrition and not just for flavour and appetite appeasement. History has shown that out of all the destruction of war some good does accrue. One of the most important developments in a nation at war is the critical evaluation of the country's habits. If this new critical faculty can be directed to the problem of nutrition the time and effort that is being spent on nutrition programs today will bear dividends for future generations of Canadians.

With the Canadian Orthopaedic Unit for Scotland

The *Journal* is indebted to Miss Jean E. Browne for permission to publish extracts from a letter written by Miss Mary Earnshaw now on duty in the Hairmyres Hospital, in Scotland, with the Canadian Orthopaedic Unit:

I am sitting in my room listening to the birds singing. The evenings are the nicest part of the day — ideal for cycling and tennis. The countryside is fresh and green and in our tours we find all kinds of wild flowers. I believe Miss Hunter discovered a place to pick watercress but she hasn't disclosed her secret yet! However we have a small garden outside which the gardener is going to plant with lettuce and onions and which no doubt it will be our duty to weed. We should be in fine trim as we have all developed into regular out-door girls.

Life seems to get more interesting and enjoyable — which seems rather ironic in view of the fact that we are here under such sad circumstances. We are busy enough at work and our wards are usually full so perhaps we are entitled to enjoy all the very many pleasant things that come our way when off duty. Miss Tinkiss, Miss Kemp and I went to London for a week and had a wonderful holiday. Just being there was a thrill in itself and seeing all the lovely old buildings and beautiful gardens was even more thrilling. The British people are carrying on wonderfully and I am certainly proud to be helping a little.

On my next leave I think I shall explore the quieter parts, for from what we saw of the English countryside it seemed so lovely and peaceful. It does seem strange to describe England as peaceful during wartime but of course things are much quieter now than a year ago. Nevertheless everyone is working along quietly and methodically, each at his own task however small. It is a constant source of wonder and admiration to me to see the way that good and bad fortune are alike accepted by all.

Our work — of course the work of the doctors primarily — is progressing very well, and with excellent results. We are always pleased and proud to patch up broken limbs that have been stubborn elsewhere! Most of us are fortunate in having friends or brothers or cousins in the services and not many days pass without having a Canadian visitor in our "Canada House". The two ambulance drivers at Hairmyres dubbed it as such, and the name sticks. These two girls — Pat and Pen — are our most regular ones. (They like our coffee). We have visited their homes and also often have invitations to other homes in the district. I hope we don't become too settled down here!

This week we were asked to join in a parade for the Jackton Warship Week. Twelve of us joined in, including Miss Hunter, and quite enjoyed it. We rode home in style on the Hairmyres Fire Engine, hair flying most unprofessionally.

Mail from home continues to come along regularly and is always welcome. We don't lack "goodies" of all kinds but our chief problem seems to be wondering where our next pair of white stockings will come from. However we usually drop hints to the folks at home and hope for results! We are very grateful for all the supplies which have been sent from the Red Cross. They are certainly very much appreciated.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Leaves from Alberta Public Health Diaries

Blanche A. Emerson *and* E. Irene Stewart

I felt heartily ashamed of myself today. I was called to see a man, aged 62 years, suffering from intestinal flu. His mother, aged 86 years, keeps house for him and to get help she walked a mile over a stretch of very rough road. The house was as neat as could be, lovely braided rugs and homemade quilts adding to its attractiveness. The mother was small in stature and weighed about a hundred pounds. She moves quickly and is far more alert than many half her age. She insisted upon getting something to eat and, as if by magic, an appetizing meal was spread in front of me. Her son's illness added to her work and I marvelled at all she accomplished and remarked that I did not know how she could do it. She smiled and said, "He is my boy, it makes a difference, doesn't it?" I had travelled in a wagon over very rough roads in order to make that visit and was full of aches and pains and self-pity. No wonder I felt ashamed. The trip home was a pleasure, the scenery beautiful. I was doing my chosen work, and it *did* make a difference.

One night last winter there was pounding on the door and a shout — "Come quick, nurse, my missus is getting a baby." I crawled out of my warm bed, put on a thin cotton dress that could be comfortably tucked into my ski suit and later covered by a clean white gown. Sweater, jacket, mocassins, heavy socks, a toque and mittens were hastily donned and we were off. The thermometer registered 40 below zero, and we had fifteen miles to go, which meant riding a mile, and running a mile to keep the blood circulating. At last we reached the two-roomed house, the front room occupied by three wide-eyed frightened youngsters, greatly relieved to see Daddy back with the nurse. They were evidently disappointed that the nurse did not look like the one in the magazines, for one of them whispered, "She looks just like a mother."

After removing my outer garments and donning the gown, I stepped into the second room. It was a tiny one and the double bed filled half of it. On it lay the mother busy with her task of bringing a new life into the world. The other half was filled with cabbages! Cabbages piled high to the ceiling. The patient is the champion sourkraut maker in the district, and all the neighbours bring their cabbages to her. She had, alas, made a slight miscalculation this time. The children, now their father had returned, slept peacefully in the other room. Father tended the fires and looked after the water supply. At last, all was over and another little baby had arrived safely into the world. I had to call the father to come and take the infant. I could not move for I had learned my lesson. If you kick one cabbage that gets in your way, you have ten cabbages where one had been before, and if you try to move ten cabbages on the edge of a pile, you are immediately surrounded. I know that successful nursing can go on under unbelievable conditions, but for just a moment I had my doubts, for, as I glanced at that wee baby's tiny head, I could have sworn it looked just like a cabbage!

Mrs. S. came to the clinic the other day with her five-year-old son. She said he had enuresis and she had tried in every way to help him overcome the trouble but without success. As I was very busy, and Mrs. S. couldn't wait, I suggested that in the meantime she give the child some soda bicarbonate and return later when we could go into the matter carefully. She returned today and said that when she got home she gave the soda bicarbonate as requested, and he looked up at her and said, "The nurse says I'll never wet my panties again if I take this" — and he hadn't! What a break! Having conscientiously read over a period of years everything I could lay my hands on regarding behaviour problems in connection with enuresis and never having been able to see where one left off and the other began—still in the dark! Oh, well, it was just one of those little things that give us public health nurses the courage to carry on.

The mysterious Mrs. K. (or was it Miss?) passed on today. The Mountie whose duty it is, in the absence of a medical man, to pronounce a person dead, was away on a serious piece of work and sent a message asking me if I would perform this service for him. I had heard of Mrs. K. long before I caught a glimpse of her. First she kept house for this bachelor, then moved on to another one. Where she came from, where her family were, no one seemed to know. She guarded her secret well to the very end. I travelled a great many miles to what seemed to me to be one of the remote outposts of civilization and found a sort of wake being carried on by some of the men in the district. Death had not touched them for many years, and somehow the keen edge had to be dulled a bit. They spoke kindly of the little lady and asked me to go through her belongings. In her cupboard I found gowns with Paris labels on them, old maybe, and out of date, but bearing evidence of former loveliness. And there was a very pretty down comforter on her bed. When I dressed her in the prettiest gown and laid her on that soft comforter which completely lined the crude box that had been hastily prepared for her . . . well, somehow, the beauty of the gown and softness of the comforter made the task a little easier.

Editor's Note: The "leaves" from Miss Blanche Emerson's diary come to an end at this point. They are followed by these excerpts from a letter written by Miss Irene Stewart to her parents describing her experiences during a flood which caused great damage in her district:

By this time you have read the newspaper account of the flood at Whitecourt. It was a terrible flood and I was caught in it but fortunately just at the edge of the flooded area. I was going down on the river flat, seven miles from town, to make the first post-natal visit to a patient whom I had confined and started out with one of the men who lived in the river flat, across from my patient. On the way out we met some of his neighbours who were moving up to the hills, temporarily, taking their stock with them. They told us there was some water on the road, but that we could still reach our destination. I decided that the thing to do was to get on as quickly as possible and help move my patient and family from their home which would certainly be in danger if the water rose higher. While we were within a mile and a half there was considerable water on the road so we unhitched the horses and went on horseback. We sent a girl back to town on horseback to ask some of the men to come out with a boat in case we should not be able to get my patient out in any other way. About half a mile further on, the water was much deeper, and we realized it was rising quickly. The horses began to swim and we decided to turn back. The horses were headed for home and wouldn't turn back —they seemed to get excited, too. Somehow my horse got ahead and when I looked back, my companion was struggling with his horse, trying to get back on him again. Finally the man struggled over to the fence and I tried several times to turn my horse back with no success. He seemed to be trying to get me off his back, which he finally did, landing me in the icy water, too deep to touch bottom. Was I ever glad I could swim, although it wasn't easy with my heavy clothing on. I was fairly near the fence and had only a few strokes to swim to a spot of ground where I could stand and hang on to the fence. I looked in the direction the horses were going. There were huge chunks of ice tearing along in the swift stream quite near the house we were trying to get to. It was horrible to think of the families down there, knowing we couldn't do anything.

We followed the fence back to the nearest house which had been vacated by the family we met on our way out. Wading in ice water is no joke, and even though it was only about half a mile, it seemed much further. The water was flowing so rapidly down the road, just like a river. We could never have made any progress without having the fence to follow, only the top strand was above water. It must have taken us nearly an hour and a half just to get out of the flooded area to the house. It had about a foot of water in it. The man who owned it had come back as he realized the jam had broken and the water was going down. He found us some dry clothes and cooked bacon and eggs and made coffee for us.

The men arrived from town with a wagon, a team of mules and a boat. It was dreadful to sit there and wait but it wasn't safe to start as the water was still too high. It was about two hours before they finally brought my patient out, on a mattress, in the boat. To my amazement her clothing was quite dry and she was trying to keep as calm as possible.

While we were waiting for the boat to go back again for the children, I got something for my patient to eat, and heard her story of the flood. When the water started to rise, her husband got the family moved up into the attic with the help of a neighbour girl. There were four children besides the new baby. They were up there for about three hours and didn't even have time to take any food with them. It certainly was not the best treatment for a maternity patient, but she seemed to be no worse for her awful experience. It was a great relief to get the mother and baby comfortably settled in a warm, dry home. The poor little kiddies were so tired and cold, but never complained once. They were taken to different homes where they were well looked after.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Word from the Patient

EDITH WAINWRIGHT

I should like to call this article "I am the patient", because I speak solely as a lay woman. I am not a nurse—in fact I never cease to be amazed and impressed by your mechanical training, I look in awe on a bed being made with corners at right angles with such a nice little pleat in the blanket for your toes, a pillow tucked in at the bottom for your feet as well as many neatly piled rectangles of down for your aching head, each in its appointed place. I marvel at a bath in bed without a drop of water spilt and I never cease to enjoy a back-rub from cool, strong hands. These things are your duty, but they are mechanical—anyone can do them or be trained to—that is not really what makes a good nurse or otherwise.

It is not what you give physically; hard work never hurt anyone and there is no physical tiredness that a good night's sleep won't wipe out. It is what you give mentally to your patient that makes you weary at the end of a case but that makes you a good or an indifferent nurse. To anticipate what your patient wants, and how and when and where he wants it—to judge whether he wants to be fussed over or left alone—whether he likes a "Well, how are you this morning" or whether he would prefer you to find out the state of his health from his chart and say nothing. What's one man's meat is another's poison and like a chameleon, you must change your colour to suit your environment. Body and mind are so closely linked that when the body is sick the mind can't be normal. Like a psychiatrist, you must unravel the oddities that settle down on your patient. The usually cheery soul, becomes an impatient fellow for the time being, and the only weapon for you, in defence, is the evenness of your own mind and a never-failing sense of humour. A sense of humour is courage of the most gallant type. I don't mean a giggly constant dribble of forced cheerfulness. I mean a quiet courage that rises above an episode or situation and places both exactly where they belong.

You have forced upon you the doubtful privilege of seeing people, not as the outside world sees them, but as they really are, with the varnish rubbed off, when vitality is low. What you see, and what you hear is a sacred trust and not your property to pass on, or to repeat. That oath of silence that you take should be reverenced and cherished above all your duties to your patient. Better, by far, to have a bed badly made, or a wrinkled sheet, than a confidence betrayed. People ask questions that are none of their concern. But there is a phrase under cover of which, you can always take refuge when beset by the curiosity of these persons and that is simply "I don't know". It can be said with a multitude of inflections. Simply and sincerely, conveying honest ignorance; with such solemn finality that it means "I won't tell you", but doesn't sound as rude. It can be said indifferently, to put an end to an unwanted conversation. Whatever method you choose to employ, it is final; whereas giving evasive answers and half truths in an effort to escape often leads to insinuations which are worse, by far, than the truth would have been.

To perform your duty to the patient properly, you yourself must keep well and fit. Don't go on duty when you are not — you will affect your patient badly — a tired nurse is a mental hazard. You must be sure of yourself. Indecision has no place in your profession. Do the things you decide to do, boldly and firmly, with as little fuss as possible. If you rub a back, rub it — don't rub it as if you wondered whether you should or not, and I, as the patient, wonder whether you are rubbing it or not. The sick want decisions made for them, and you must make them like those decisions. It is a constant challenge to your resourcefulness. Be gentle, but firm in all your ways.

To pass from the individual to the family, with which in the line of duty you may have to contend — you may have the wisdom of Solomon, the intellect of Socrates, the patience of Job, the placidity of a purring cat, and all the cunning of Delilah — but unless you have tact, these will avail you little. Tactfulness is a quality, which, while it appears to be a gift in some, can be developed. It is really only a great thoughtfulness of others. It is the hallmark of a lady never to hurt others, never to cause others to "lose face", even if it has to be at your own expense. Armed with tact, and with a prayer in your heart (you'll need both), you can face the intricate and disturbing ramifications of your duty toward a whole family — shielding your patient against household worries, keeping the children in agreement, attempting to keep the house as sane as possible, getting along with the maid, because you and illness in the house make more work for her and demoralize routine; doing odd jobs to ease someone's burden—jobs that are not really your work, according to the letter of the law — fortifying yourself always with the hope that the next case may be in the hospital again.

From the family unit of the community, one may pass to the larger one of the organizations and clubs to which you belong, or should belong. With the benefit of your training, you should be ready to take your share of the work, best suited to your talents. Don't fail to realize that organizations have a right to benefit by the ability you have. If you have a gift or a talent, the community has a right to it. Too often, sheer selfishness, or plain laziness, or the no lesser moral error of thoughtlessness, deprives a community of a brain or hands, that should be at its disposal. There are always excuses in plenty that sound most reasonable but, if there is the will to do something, the reasons for not doing things are far more limited. It is known that your time is uncertain, and your work is harder than in any other profession and that you don't know when you will be off or on duty. As professional women, I know of no profession that absorbs you more completely into itself to the exclusion of other interests, than yours does — to the pitiful exclusion of community life and organizations.

Generalities are vague — to be more specific, one would like to see Graduate Nurses' Branches of Women's Hospital Aids. The hospitals, which these organizations serve, have been your training-field, and are your Alma Mater, and they are your work-shops. How much more you should enter into their life and well-being, than other women, whose only claims on them are as prospective patients, or that they have a sincere interest in bringing the hospital in their community up to a perfection of service. One would like to see your interest in those who are now travelling the road you have already trodden — those girls who hope to be in the same profession as you are, but who are still beset by the trials and tribulations of the student.

As women of Canada, one would like to see you align yourselves with some national organizations so that you, as individuals, might benefit from the stimulus that organized effort produces. Now in wartime, these organizations can absorb all possible workers, if and when they can give of their time. It is gratifying to know that you take your place on the Local Councils of Women, where the women of the community may make their desires known and, through the proper channels, aspire to reach the powers that be. You give of your substance to all charities nobly, but one would like to see you give what money cannot buy — inspiration through co-operation and a pooling of ideas. There is an endless array of organizations in community life with which to identify your profession, to which your particular talents are perfectly suited.

Like every other profession, you owe the community something. One must pay for one's bread and butter and you get your bread and butter from the community (and sometimes a little jam). Again, to be concrete, the people of the community are the means of your making a living and so as an organization it might be arranged that, if at all possible, someone is available at all times should the need arise. Barring sickness or being on a case already, it might be a turn-about arrangement, so that on feast days and holidays, your profession will not be called upon in vain. This is no law, but only the unwritten code of your profession. Yours is a kindly profession in which all men should be equal. It is putting a great strain on human nature, I know, but a good nurse takes the poor with the rich, the hospital and the home and the country cases just as they come. It is the ethics of a great profession to go where one is needed — not where one would prefer to go.

As you owe your community a constant and unbroken service without favoritism, selectivity or unfairness, so you also owe it the very highest standard of nursing of which you are capable. If you are capable of absorbing post-graduate work, you owe it to yourself and your patients, to avail yourself of it. Each one of you, separately and individually, carries the honour of your profession and what you are, or say or do, makes or mars that profession which was born of the heroism of a gallant woman. I know the age of sentiment has gone—gone with our Victorian forefathers. We are hard and practical and efficient, but one still likes to think that each one of you is obsessed by the same devotion to duty, inspired by the same ideals, and strengthened by the same courage as that heroic woman, Florence Nightingale.

Nursing Service, R.C.A.M.C.

By virtue of an Order in Council all women members appointed to the Royal Canadian Army Medical Corps (Active), are granted rank equivalent to the relative rank held by them, and have the power to command exercisable by officers of the rank which they hold subject to such restrictions and conditions as may from time to time be prescribed by the Governor in Council. In accordance with this Order, Major Elizabeth L. Smellie, Matron-in-Chief in Canada, R.C.A.M.C., is promoted to be Lieutenant-Colonel and a corresponding rank has been accorded to Miss Agnes Neill, Matron-in-Chief, R.C.A.M.C. Overseas. In future, other ranks will be as follows: a Principal Matron, with the rank of Major; a Matron, with the rank of Captain; a Nursing Sister, a Dietitian and a Physiotherapy Aide with the rank of 2nd Lieutenant on appointment and that of Lieutenant after six months' service; a Home Sister, with the rank of 2nd Lieutenant.

The following promotions are announced in the Nursing Service of the R.C.A.M.C. Overseas: to be principal matron — Matron Moya Macdonald Matron Catherine T. Lunn, Matron Blanche G. Herman, Matron Nancy B. Kennedy-Reid, Matron Mary R. Shaffner, Matron Mary E. Minor, Matron Dorothy May Riches. To be matron — Nursing Sister Margaret A. Smith, Nursing Sister Grace Patterson, Nursing Sister Rose L. King, Nursing Sister Mima McA. MacLaren.

An interesting glimpse of overseas service is given by Ross Munro, Canadian Press War Correspondent:

Photo by Notman, Montreal

MAJOR BLANCHE G. HERMAN

Hundreds of Canadian nursing sisters—the total is nearly equal to the strength of an infantry battalion—now serve Canadian army hospitals and casualty clearing stations in England. When the army goes to Europe a number of them will move in the wake of the expeditionary force. Right now they are doing a big job, caring for men wounded in action, in big attack manoeuvres or in training, looking after hundreds of soldiers injured on motorcycles and in road accidents and tending many other sick cases. It's hard work—as hard as any nurse does anywhere—and the army is high in its praise of these Canadian women who came overseas to serve with the army in the field. "Our nursing sisters have been marvellous," Brig. R. M. Luton of Halifax, Director of Medical Services for the overseas army, told me before I left England. "They are doing a superb job and they've never complained even under the most trying circumstances. Their work has been of the highest order."

The nurses overseas serve in hospitals scattered all over southern England and in one in the midlands. In addition to hospitals, there are a number of casualty clearing stations which receive patients from field units, treat them there or pass them back to base hospitals. There are about 10 nursing sisters at each C.C.S., some located in rambling old English mansions. The C.C.S. nurses are the ones who probably would go to Europe first as a result of their work directly with the fighting units in the field. They have trained for rough going by moving with troops on manoeuvres and living out of mess tins and haversacks the way the soldiers themselves do.

S.R.N.A. Travelling Exhibit

R. C. Christilaw

For many months the cry of "Canada needs nurses" has been heard from every quarter of the Dominion. Each province has felt the strain of carrying on with gaps left in its ranks by nurses joining for service in Navy, Army and Airforce. In spite of the willing co-operation of married and inactive nurses, there is still a need not only to meet the present demands but to prepare for the future.

At the silver anniversary of the founding of the Saskatchewan Registered Nurses Association, it was unanimously decided that the splendid History of Nursing Exhibit was to be sent to the different centres of the Province. It was felt that this exhibit would stimulate interest in nursing and would appeal to the well qualified young women whom we are so anxious to get into our schools of nursing. Splendid co-operation has been received in every centre in which the exhibit has been displayed. Local papers have given generous advance publicity, and fine articles have appeared during the days of display. Free radio announcements have told the nature, time and place of the exhibit, and principals of high schools have been most co-operative. A register has been kept wherein those viewing the exhibit have signed their names, and graduate and student nurses have been on hand to interpret the display and answer questions.

The exhibit itself was prepared for the most part by students in the schools of nursing in Saskatchewan, under the direction of superintendents and supervisors, and traces the development of nursing from its earliest stages, to the present day. Large pen and ink and coloured posters depicted the advancement of aseptic surgery, bacteriology, and public health nursing. Others traced the development of special branches of nursing, dietetics, newer drugs, and growth of hospital service. One project featured a high school student, a student nurse, and a graduate nurse, and showed the different fields of service open to the graduate nurse. Red Cross work and the war services were well presented. One attractive chart showed exactly the number of registered nurses in each district of the province.

The Canadian Nurse display had a fine cover with autographed photo of Canada's Matron-in-Chief and, from this, white ribbons led to little blue stands showing different sections of the magazine. One large poster had photographs of many nursing leaders whom we are proud to remember as members of our own Saskatchewan Association. Saskatchewan hospitals were well written up through the project done by the University of Saskatchewan School of Nursing students. The four schools, with whom they affiliate, were each represented by a doll in the uniform worn by that particular hospital school, and a history of the hospital was mounted on the wall behind each doll.

To commemorate the Tercentenary of Jeanne Mance, Canada's first lay nurse, the History of the Hôtel-Dieu, Montreal, was included in this display, and a beautiful doll represented Jeanne Mance in the court dress of France, while another showed the probationer of the Hôtel-Dieu today. These dolls were given to the Saskatchewan Registered Nurses Association by the Reverend Mother Allard, and the Sisters of the Hôtel-Dieu in Montreal. They were very much admired for what they represent in the History of Nursing in Canada, and for the exquisite handiwork in their garments. Excellent anatomical drawings and case histories were contributed and the Florence Nightingale Pledge and the chief events of her history were beautifully printed in Old English lettering. Many cherished photographs of nursing leaders were lent. It was felt that even a lay person could view this exhibit and go away with a feeling of reverence and admiration for the wonderful work done by these pioneers in nursing.

The exhibit was displayed in suitable halls lent for the purpose. These included a college auditorium, store windows, the mezzanine floor of a hotel, the auditorium of a large department store, and lecture rooms of two hospitals. We are very appreciative of the help given to us and feel that much will be gained in the future as a result of our "Travelling Exhibit".

An Experiment in Recruiting

VERA GRAHAM

In nursing, as in other vocations, we are faced with new and ever-changing problems brought about by war conditions. So many opportunities are now open to young women in business, industry, and war service that we find a marked decrease in applicants for our schools of nursing. At a time when many graduate nurses are required for military service at home and abroad, increasing demands are also being made in the field of industry and yet we must continue to provide adequate nursing service on the home front.

There is now a definite shortage of nurses, especially in our hospitals and, as the need becomes more acute, individual experiments in recruiting students are being attempted. Two such experiments, conducted recently by schools in different parts of Canada, are presented here. The first of these was under the direction of Sister Anna, superintendent of All Saints Hospital, Springhill, Nova Scotia, and the second was directed by the author at the Homoeopathic Hospital of Montreal. Springhill is a mining town in rural Nova Scotia and All Saints Hospital provides all the hospitalization and nursing service for this community. The Homoeopathic Hospital is a small hospital in a large metropolis but both schools felt the same need and attempted similar experiments.

The experiment conducted by Sister Anna was well planned. Commencing in the autumn, graduate nurses from the hospital staff spoke to high school students on nursing as a profession and distributed the pamphlets provided by the Canadian Nurses Association and entitled "Should you wish to become a Nurse". The following month, a group of selected high school students were invited to visit the hospital and a program was presented during which several student nurses gave papers dealing with the relation of high school subjects to the curriculum of the school of nursing and also brief comments about the interesting types of patients met with in their hospital experience. These were followed by an address given by the president of the Alumnae Association on the value of being a nurse even though married. The visitors were shown through the teaching department and a social hour was enjoyed. The immediate outcome was that a course in home nursing was given to the high school students and it is felt that, as a result, a lively interest in nursing as a profession has been created and that recruitment may be expected from this source. The fact that the student nurses themselves took such an active part in the recruiting plan seemed to have an excellent effect. The effort to correlate the high school curriculum with that of the nursing school was most commendable.

The experiment conducted in Montreal was primarily a project carried on by the Alumnae Association. It was thought that by bringing their attention to the need for qualified applicants and by telling them about the program of nursing education given by their own school they might be better prepared to present nursing to young women and to interest them in the course offered by the School. The Association suggested that an invitation be extended to several high schools, inviting senior students to attend a special meeting of the Alumnae Association. The invitation was cordially received and the teaching staff discussed the entrance requirements and the personal qualifications which are necessary. The science instructor spoke of the basic sciences and their relation to nursing, and the instructor of nursing arts correlated her topic with the paper previously presented. A description was given of the student health service and the health education program. The supervisors of the various departments spoke briefly about the nursing service in the operating room, the out-patient department, and the obstetrical department. The affiliation program was outlined by two student nurses who had recently returned after completing their affiliation period at the Children's Memorial Hospital and the Alexandra Hospital for Communicable Diseases. The program closed with a brief paper on the importance of nursing in a time of crisis. The visitors were then given an opportunity of seeing the teaching department where they were shown the anatomical charts and health posters, some of which were prepared by student nurses. This exhibit demonstrated how closely the nursing curriculum is related to that of the high school. The student nurses' rooms were open for inspection and an informal reception followed in the living room. We felt that our contact, through the Alumnae Association, with these high school students was very worthwhile and realized that the program had been prepared with both groups in mind.

If nursing is to retain its present status and we are to deal with the vexing problems which are being forced upon us because of the lack of qualified applicants a definite program of recruitment must be established and carried on through our nursing organizations. We know our need — we see the pitfalls — can we not supply the remedy?

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Nursing Care in Plastic Surgery of the External Genitalia

HELEN LEVENICK

Before discussing some of the more important factors in the nursing care following operations on the external genitalia let us briefly review the purposes of vaginal plastic surgery. We do this because efficient nursing care depends upon a clear understanding of the work done by the surgeon and the reason for such measures. These operations are performed primarily to correct abnormal conditions due to congenital malformations and those caused by disease or by injury at child birth. The most common ones are:

Vulvectomy: the excision of a portion or all of the vulva as surgical treatment of new growths or of diseases such as leukoplakia.

Perineorrhaphy: the repair of the perineum which has been lacerated or has become greatly relaxed as the result of difficult child birth. The levator ani muscles are involved in this type of operation.

Anterior colporrhaphy: the repair of the anterior wall of the vagina to correct a hernia of the bladder through the anterior wall.

Posterior colporrhaphy: the repair of; the posterior vaginal wall to correct a hernia of the rectum through the posterior wall.

Operations on the cervix: usually done where there are lacerations, erosions or tumours. They include trachelorrhaphy or any type of repair of the cervix; cauterization of the cervix; the complete removal of the cervix by amputation.

Various plastic measures are used to correct congenital conditions, the most common one being imperforated hymen. Two congenital conditions quite recently seen in the gynecological department of the Vancouver General Hospital belong in this group. The first case was that of a young woman, 18 years of age, in whom there was an absence of the vaginal canal. A graft tube was taken from the inner thigh, made into a canal, and successfully transplanted between the bladder and the rectum; upon complete healing it had the appearance of a normal vagina. A young woman, 25 years of age, had not menstruated although she had had monthly manifestations of the normal period. After exploratory examinations, a congenital band was removed from the internal os of the uterus. The normal menstrual period and flow established itself five weeks after surgery. The ultimate success of these operations depends largely on the nursing care, in which cleanliness, prevention of strain on suture area, and the co-operation of the patient are very important.

Actual nursing care might be summarized as follows: the pulse, respiration and colour should be carefully noted. The site of operation should be observed in relation to: condition of dressing; drainage (serous, sanguine, profuse, scant, etc.); the condition of packing if visible, its position and colour; the position of the catheter if an indwelling catheter is used and is attached to a bottle. The patient's knees should be flexed by using a pillow or a gatch bed, thereby relaxing the abdominal and the pelvic muscles. An air cushion or pad should be placed under the buttocks, thus preventing strain on the low suture area, particularly during the immediate post-operative period.

Routine post-operative care includes carrying out the doctor's orders as to position, which is usually low Fowler's to ensure drainage and to prevent chest complications; relief of pain by use of narcotics, usually morphine sulphate; later, sedatives by mouth may be ordered as it is important not only to keep these patients free from pain, but also to maintain mental and muscular relaxation. Catheterization may be necessary every six to eight hours; if, however, a patient is allowed or able to void, she must be encouraged to empty the bladder regularly, not allowing it to become distended and thereby causing pressure on the sutures. The careful recording of the amount voided, and of the time of each voiding, is most important, as retention or retention with overflow can easily become a complication.

Fluids in abundance may be given if they can be tolerated. A soft, low residue diet is indicated until the bowels have moved; then, a gradual return to the general well balanced diet. Enemata and aperients usually are not given until three or four days after operation in order to avoid strain and contamination. One of the most common procedures for the first evacuation is the injection of four ounces of salad oil rectally followed in two hours by a small soapsuds enema. This is particularly easy for the patient if extensive surgery has been done and the enema has been withheld for a longer period.

The routine perineal care consists of washing the external genital region with a weak solution of green soap, or with sterile water, after each defecation or urination using absorbent sponges and forceps technique. Great care is necessary in directing the sponges from the top of the wound area down towards the anus and preventing the solution being harboured in the vagina; to avoid this we purposely do not douche the area. Careful drying and application of a sterile dressing conclude the treatement. There is marked variation in the opinion of surgeons as to the value of antiseptics used over perineal sutures. Infra-red treatments to the suture area for a period of ten to twenty minutes two or three times daily, until healing is well established, will aid in keeping the area dry and give physical comfort to the patient. The whole purpose in the care of the wound is to maintain cleanliness (asepsis as far as possible) and to keep the area dry, thereby encouraging healing.

General physical care is the same as for any post-operative case. It is necessary that nurses have time for observation and careful recording of progress. The immediate reporting of bladder discomfort or any change in the condition of the suture area is of great importance so that special orders may be carried out preventing more serious complications.

The psychological factors in the nursing care must not be overlooked. Explanatory remarks should be made to the patient herself regarding treatment, diet, general routine care, the importance of forcing fluids, and the reasons for pain and discomfort. She should be prepared for each new step as her co-operative attitude is an important factor in her recovery. The nurse should make an opportunity for the patient to discuss privately with her doctor the results of her operation, especially those phases which may alter her future mode of life from the standpoint of both domestic and general conduct. Frequently a woman is unable to summon sufficient courage to start this conversation and the nurse may be able to save much unnecessary worry by tactfully paving the way. No patient should leave the hospital without receiving definite health instruction. (In case of perineal sutures the use of toilet paper is contra-indicated.) This teaching should begin in the early post-operative period and be so definite a part of the every day routine that the patient will be able to complete her convalescence at home without fear or apprehension.

New Officers of the C.N.A.

At the close of the recent general meeting of the Canadian Nurses Association the officers who are to serve during the next two years were called to the platform. All of them are women who have already attained positions of prominence in the nursing world and a brief comment concerning each of them will surely be of interest. Since a biographical outline of the president, Marion Lindeburgh, appeared in the August issue of the *Journal*, we begin with the first vice-president. Marjorie Buck, B.A., is the superintendant of the Norfolk General Hospital, Simcoe, Ontario, a fifty-bed general hospital with a graduate nurse staff. In addition to her regular duties, Miss Buck is also acting as nursing adviser to the Registered Nurses Association of Ontario, an organization which she has already served with conspicuous success in the capacity of president. The second vice-president is Fanny Munroe, R.R.C., who, since 1938, has been superintendent of nurses and head of the School of Nursing of the Royal Victoria Hospital in Montreal. Miss Munroe has had a wide experience in conducting the affairs of nursing organizations and made an exceptionally fine contribution during her term of office as president of the Alberta Association of Registered Nurses. The new honourary secretary is Rae Chittick, B.Sc., instructor in health education in the Provincial Normal School in Calgary, Alberta. Miss Chittick is the very energetic and able president of the Alberta Association of Registered Nurses and is regarded as an authority on health teaching. The new honourary treasurer is Marjorie Jenkins, superintendent of the Children's Hospital in Halifax. Miss Jenkins is a graduate of the School of Nursing of the Hospital for Sick Children and of the McGill School for Graduate Nurses. In addition to directing a busy hospital, she is the very competent president of the Registered Nurses Association of Nova Scotia and is also serving as emergency nursing adviser for that province. Chief among her many interests is music, and she is a member of the Halifax Conservatory of Music Choir. She has held office in the Soroptimist Club and is a member of the women's study group of the League of Nations Society.

The chairman of the Hospital and School of Nursing Section is Miriam Gibson, instructor of nurses in the School of Nursing of the Hospital for Sick Children, Toronto. Miss Gibson has taken the course in teaching offered by the McGill University School for Graduate Nurses and in 1939 made an observation tour of several schools of nursing in the United States. After serving as convener of the Provincial Ontario Committee on Instruction she became convener of the National Committee in 1941. The new chairman of the Public Health Section is Lyle Creelman, director of public health nursing for the Metropolitan Health Committee of Greater Vancouver. Miss Creelman took the combined course in nursing, offered by the University of British Columbia and the school of Nursing of the Vancouver General Hospital, leading to the degree of Bachelor of Applied Science (Nursing). For the past two years Miss Creelman has been responsible for the direction of the Public Health Nursing Page in the *Journal* and deserves much of the credit for its success. Madalene Baker had already established such a fine record as chairman of the General Nursing Section that her re-election was a great satisfaction to all concerned. Miss Baker is a graduate of the School of Nursing of St. Joseph's Hospital, London, Ontario. She is doing valuable work as registry organizer for the Registered Nurses Association of Ontario.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Catherine Ross and *Miss Hester Lusted,* both graduates of the Regina General Hospital and of the public health nursing course, McGill School for Graduate Nurses, have been appointed to the Winnipeg staff.

Miss Frances Winchester, a graduate of the Massachusetts Memorial Hospital, Boston, and of the public health nursing course, McGill School for Graduate Nurses, has been appointed to the Montreal staff.

Miss Mary Dampier, a graduate of the Royal Victoria Hospital, Montreal, and of the public health nursing course, Institute of Public Health, London, has been appointed to the Montreal staff.

Miss Opal Shaw, who resigned from the Order in December 1940, and who for the past year has been instructress of nurses at St. Mary's Hospital, Timmins, has been appointed to the York Township staff.

Miss Mary Plishka has been transferred from the staff of the Oshawa Branch to the staff of the Winnipeg Branch.

Miss Muriel Hunter has resigned from the Moncton Branch to take the position of chief public health nurse in New Brunswick.

Miss Edith Railton has resigned from the Sudbury Branch to do public health work.

Miss Verna Huffman has resigned from the York Township Branch to take a position with the Kiwanis Club.

Miss Elaine Lefebvre has resigned from the Lachine Branch to be married.

Miss Bessie Jackson has resigned from the Montreal Branch to take a position with the Ottawa Civic Hospital.

Miss Ethel Gordon has resigned from the Woodstock Branch to become school nurse in Belleville.

Miss Dorothy Campbell has resigned from the Bridgewater Branch to be married and is at present on leave of absence from the Order.

Miss Isabel Mustard has resigned from the Toronto Branch to take a position with the Junior Red Cross in Ontario.

Miss Jane Saunders has resigned from the Winnipeg Branch to join her family in Vancouver.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Married Nurses and Income Tax

On request, the Canadian Nurses Association received from the Income Tax Division of the Department of National Revenue a statement regarding the status for income tax purposes of a married man whose wife resumes the practice of nursing on a remunerative basis in order to serve in the present emergency. It is hoped that the statement which is published below as received from the Commissioner of Income Tax will clarify this important point in the minds of some members of the Association:

Some married nurses may, as yet, be unaware that the Income War Tax Act, as recently amended, contains provisions to ensure that a husband shall *not* lose any of his statutory rights because his wife engages in remunerative employment. These provisions read in part as follows: With reference to Normal Tax: If, during any taxation year, a husband and his wife each had a separate income in excess of $660, each shall be taxed under Rule Three of this section, *provided, however, that a husband shall not lose his right to be taxed under Rule One of this section by reason of his wife being employed and receiving any earned income.*

With reference to Graduated Tax: If, during any taxation year, a husband and his wife each had a separate income in excess of $660 before making the deduction for which provision is made in Rule One of this section, neither of them shall be entitled to the deduction from graduated tax for which provision is made in Rule Three of this section, *provided, however, that nothwithstanding the foregoing a husband shall not lose his right to the deduction provided in Rule Three of this section by reason of his wife being employed and receiving any earned income* but his wife shall for the purpose of this section be treated as an unmarried person.

This means that no matter how much money a married woman may *earn* by reason of being employed, her husband will still be taxed as a married person (i.e. he will pay Normal Tax at the minimum 7% rate and will be entitled to deduct $150 from the amount of his Graduated Tax). It is only when a married woman has income, other than earnings from employment, of more than $660 for the year that her husband's rights are affected.

Thus there is nothing in the 1942 Income Tax provisions that should cause any hesitation on the part of married nurses to resume whole or part-time practice on a remunerative basis.

University Schools of Nursing Organize

Late in September 1941, the Canadian Nurses Association invited representatives of the University Schools and Departments of Nursing to meet with the Executive Committee for a discussion of problems relating to nursing service and nursing education. Acceptance of the invitation provided the first occasion for representatives of the University Schools and Departments of Nursing in Canada to meet together. That first meeting resulted in a decision to recommend to the Canadian Nurses Association (in General Meeting, 1942) that the University group become a Committee of the National Organization. However during intervening months, plans were made for a meeting of representatives of University Schools of Nursing to be held in Montreal while the C.N.A. General Meeting was in session.

On June 29, 1942, the Executive Committee, C.N.A. was notified that the University representatives wished to organize provisionally as a separate group rather than as a Committee of the C.N.A. This decision was endorsed unanimously by the Executive Committee. The officers of the Provisional Council of University Schools and Departments of Nursing are: president, Miss K. W. Ellis; vice-president, Rev. Mother Allaire; secretary, Miss Mary S. Mathewson. The president of the Provisional Council becomes a member of the Committee on Nursing Education of the Canadian Nurses Association, and the convener of the Committee on Nursing Education has been appointed a member of the Executive of the Provisional Council.

Reciprocal Registration

Each of the nine provincial Acts of Registration for Nurses in Canada provides by reciprocal arrangements for the registration of nurses from the other provinces and from states or countries which have similar requirements. Within recent years, the majority of the provinces of this Dominion have made definite arrangements for reciprocal registration with several of the General Nursing Councils within the British Commonwealth of Nations. These General Nursing Councils administer the Act of Registration for Nurses for their respective countries.

For the information of members of the Canadian Nurses Association the following announcement is made in respect to General Nursing Councils and the Provinces of the Dominion of Canada, between which reciprocal arrangements have been completed:

The General Nursing Council for England and Wales, with Provinces of Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan.

The General Nursing Council for Scotland with the Provinces of Alberta, British Columbia, Manitoba and Ontario.

The General Nursing Council for the Irish Free State (Eire) with the Province of British Columbia.

The General Nursing Council for Southern Rhodesia with the Province of British Columbia.

A Message From Australia

In the July issue of the *Journal*, page 475, there was published an interchange of messages between the Canadian Nurses Association and the Australasian Trained Nurses Association. In confirmation to the latter's cablegram, the following letter reached National Office on September 15:

> Thank you for your cable of the 13th May last which came duly to hand—what a generous gesture! But that is typical of the Canadians—our nurses speak in the highest terms of the hospitality and kindness offered to them whilst in Canada, and now you extend your goodwill to them in Australia. We do appreciate it. Copies of your cable were sent to the Principal Matrons of the respective Commands, to the Branch Secretaries of this Association, and to Captain Clement of the American Army Nurse Corps in Australia and all, whilst deeply touched by the thoughtfulness of the Canadian Nurses Association, rejoice that there is at present no need for us to avail ourselves of your generosity. We will, of course, communicate with you should the occasion arise but sincerely hope that it may not be necessary to do so.

The message by cable on May 13, 1942, read: "Our thoughts are with you. Wish to learn any British or Allied nurses in Australia in need of financial aid. Reply collect." The reply received was: "Deeply appreciate generous offer, inquiries reveal not required at present. Will advise if occasion arises."

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

British Columbia:

Individual donations	$ 13.00
Kamloops Graduate Nurses Association	60.00
Ladysmith Chapter	20.00
Science Girls' Club, University of B.C.	174.66
Victoria Chapter	165.00
A.A., Vancouver General Hospital	553.89
Nursing Sisters, Nanaimo Military Hospital	10.00

Nova Scotia:

Halifax Branch	11.75
Pictou Co. Branch	3.00
Valley Branch	16.75
Colchester Co. Branch	15.00
Lunenburg Co. Branch	5.00

Ontario:

Districts 2 and 3:	
Ayr nurses	13.00
Staff, Galt Hospital	5.00
Individual contributions	6.00
District 4:	
A.A., Hamilton General Hospital	40.00
Welland Nurses Alumnae	10.00
Nurses of St. Catharines	46.50
Staff, Mountain Sanatorium, Hamilton	20.25
District 5:	
A.A., Riverdale Hospital	124.50
A.A., Soldiers Memorial Hospital, Orillia	8.25
A.A., Toronto Western Hospital	100.00
Preliminary students, Toronto Western Hospital	10.00
Student Nurses, Toronto East General Hospital	40.00
Nursing Sisters, Chorley Park Military Hospital	48.00
Nursing Sisters, Camp Borden Military Hospital	54.00
Nursing Sisters, Toronto Convalescent Hospital	10.00
Staff nurses, Toronto Hospital, Weston	20.00
Individual contribution	3.00
District 9:	
Staff, Lady Minto Hospital, Cochrane	3.00
Kirkland Lake nurses	5.75
Individual contributions	12.00

The Publicity Campaign

Surely this is a new departure, for have not most nurses been prone to hide their lights under bushels and to shun newspaper reporters as potential sources of danger better avoided than explored? Now the Canadian Nurses Association has gone out to seek publicity through the press, radio, and even the movies. Could some of our more discreet predecessors have believed it—and yet so it is.

At the Biennial Meeting of the Canadian Nurses Association, the newly-elected president, Miss Marion Lindeburgh, stated that a Publicity Counsel had been appointed for at least six months to initiate a publicity programme. A memorandum from the Counsel to the provincial Advisers includes the following statements: "A publicity programme can be adopted providing its limitations, in the light of existing conditions, are recognized at the outset. A publicity programme can be an educative force, but this force will lose some of its value unless the programme is keyed with a decentralized plan of approach designed to bolster the publicity" in other words unless each province participates wholeheartedly. "First of all, and before considering the adoption of even a limited publicity programme, it would seem a prerequisite to create, in each province, a committee of leading men and women, which will uncover facts of interest to the public and which will be of considerable help to any publicity firm which undertakes this work. There are many angles to this whole question. There is, for instance, the possibility of approach to provincial and federal governments for varied aid, including financial grants to help meet the expenses of a much broader programme. There is the possibility of interesting members of parliament in all the legislatures to act as liaison officers with the members of the cabinets, both provincial and federal. There is the factor of liaison work with and through the Canadian Medical Association, the provincial medical officers, community and industrial organizations. There is the question of issuing pamphlets about the profession at regular intervals for mailing and distribution to young women who are of the desirable type". So with these plans in mind the publicity campaign has been launched.

Two news stories have already been sent out across Canada preceded by a letter from the president of the Canadian Nurses Association to the editors of all daily and weekly papers. To understand the distances that these messages have travelled, and the areas that have been penetrated, it would be necessary to be at the receiving end and to review the clippings as they come in from Halifax to Vancouver, including many outlying areas throughout the Dominion. Already some suggested material for radio publicity has gone out to the advisers in each province. A number of talks have been given over local stations. Through the courtesy of Dr. Heagerty, National Director of Public Health Services, the story of nursing service and its many implications is going to be made known in radio "spots". Listen for these "spots" in "the news" throughout October, and send suggestions for others to the Emergency Nursing Adviser. Some "spots" are soon wiped out, but we want to use those that will leave their mark. It must be remembered that the publicity campaign is a co-operative effort.

Your attention is also directed to the newsreel. Later on we may see "Soldiers in White" on parade Their appearance will be brief, but they represent many hours of work, and support from some of the leading hospitals which made their production possible, and for which we are very grateful. Already the Canadian Broadcasting Corporation has devoted two programmes to nursing. In both of these the past president of the Canadian Nurses Association, Miss G. M. Fairley, was heard, and we have evidence that her direct and euphonious message has reached many homes. To the younger generation especially, "No Prouder Pledge" made an appeal. So, in a few words, we have tried to give a picture of the initial developments in connection with the publicity campaign —this educative force the use of which nurses have too long neglected. Now, with some reluctance, we are attempting to use this instrument discreetly and well.

So much for the cart, what about the horse and driver? The success of the campaign is not only going to depend on the continuous support so necessary to it, but it demands the intelligent understanding of individual members of the objectives sought. For professional publicity we can turn to the *Journal*, but more than this is demanded of us at this time. As members of the Canadian Nurses Association, nurses must be ready interpreters of publicity programmes especially designed to reach lay people. Generally speaking, we wish to enlist the understanding and support of people in the nursing profession and that for which it stands in its broadest interpretation; we wish to interest more of the most desirable type of young women in nursing, as *a war service with a future*. Last, but by no means the least important of our objectives is to keep our own members informed, assuming that we may be assured of their interest in problems that are vital to every nurse and to every citizen.

In turning the flashlight of publicity on the nursing profession, we are accepting a new challenge. We are offering an incentive for questions to be asked that must now be answered. Some of these questions we have asked ourselves but we are bound to admit that satisfactory replies to all of them have not yet been made. Now, as a profession we must bring them to light or they will be aired for us. Standards we have fought for must still be protected; service we have stood for must still be given, more especially in these very difficult days. Hospitals are calling for help, sick people are needing care, and well people are groping for guidance in hours of great stress. In publicizing nursing we are publicizing a very special service that every nurse mut be prepared to give.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Supervision in Public Health Nursing

At the request of the Registered Nurses Association of British Columbia to the Department of Nursing of the University of British Columbia, a very profitable two-weeks refresher course in supervision in public health nursing was given at the University from July 27 to August 7, 1942. Most of the lectures were given by Miss Kathleen Leahy, Public Health Field Work Supervisor, University of Washington, who brought to the group an inspiring philosophy of supervision as well as many practical tools which enable the supervisor to make her function one of leadership. Dr. Ewing, lecturer at the Vancouver Normal School, made supervision a vital process through which professional growth is developed. Dr. Russell, of the Department of Education of the University of British Columbia, told us of the teaching functions in supervision as experienced by one in the educational field. The concluding lecture was given by Miss Marjorie Bradford, director, Vancouver Council of Social Agencies.

In order that some really intensive work might be accomplished, it was decided to limit the attendance to fifty, and that those eligible would be public health nurses already engaged in supervisory positions and certain others selected by the directors of public health nursing agencies as potential supervisors or for those for whom it was considered the course would have definite benefit. The dates were set to enable those who attended to do so by giving one week of their holiday time while the agencies concerned released the nurses for the other week. The course was originally planned for public health nurses only but so many social workers expressed such keen interest that it was felt there would be sufficient value for them to attend also. This did not alter the program which still remained one essentially for public health nurses. In this it demonstrated that the principles, and indeed most of the tools, of supervision are the same for public health as for social work.

There are certain features which helped to make the course both enjoyable and profitable. The fact that the numbers were limited gave opportunity for free discussion and active participation further made possible by the formation of discussion groups, of which there were four. Relevant topics were assigned in advance so that reference reading might be done before the group met. The group leader, which changed each day so that as many as possible shared the experience of leading discussion, was responsible for presenting the report to the assembled groups. Another important feature for a summer-time course was that it was not too crowded, some time being allowed for relaxation and informal discussion. For the small fee of $5 invaluable returns were received by each nurse and social worker who was privileged to attend

— LYLE CREELMAN

L'École d'Infirmières Hygiénistes

When the history of the School of Public Health Nursing of the University of Montreal comes to be written many names will receive honourable mention and tribute cannot be paid here to all the nurses who have built up what claims to be the only French-speaking School of Public Health Nursing in the world. At its founding in 1925, Edith Hurley, M.A., Reg. N. (now Mrs. Michael Hackett) became the first nurse-director and the School owes much to her and to her successors. For many years Mlle Alexina Marchessault rendered most valuable and devoted service and for the past two years had the benefit of the active collaboration of Mlle Annonciade Martineau in the capacity of co-director. Following the retirement of Mlle Marchessault, the direction of the School has been assumed by Mlle Alice Girard, a graduate of the School of Nursing of the St. Vincent de Paul Hospital, Sherbrooke. Mlle Girard holds the certificate in public health nursing granted by the School of Nursing of the University of Toronto and, in addition, has received the degree of Bachelor of Science in public health nursing from the Catholic University of America in Washington, D.C. Mlle Martineau will continue her connection with the School in the capacity of lecturer on certain subjects. The enrolment of students for the coming year is most encouraging and French-Canadian nurses may well be proud of a School which owes its existence to their courageous and loyal support.

Photo by Garcia, Montreal

ALICE GIRARD

STUDENT NURSES PAGE

Sheila Ann Makes her Debut

GERTRUDE SWITZER
Student Nurse
School of Nursing, Hamilton General Hospital
(Mount Hamilton Maternity)

It was 12.25 a.m.—one of those cold blustery nights that gives you the assurance that nothing will happen, at least nothing like the admission of a maternity patient. The supervisor had just finished trying to impress upon my inexperienced mind some of the procedures I must know when the telephone rang—not just the usual ringing, but rather that familiar long and short, characteristic of one thing only—"There's a patient in the admitting room."

Immediately I was told to go down and admit her. No time now to get fainthearted so I donned my armour of efficiency which I was beginning to acquire, after almost four nights on the delivery floor, and hurried to the admitting room. Waiting for the elevator, the ride down, everything seems to take so long when you are trying to visualize, and yet know nothing of, your patient's condition. My heart was pounding loudly but I pulled myself together, paused for one moment to compose myself, then gently opened the door. You can imagine my relief to see a supervisor already present and, nervously occupying the two chairs, a man and his wife. Although I was still quite awkward I gained some self-confidence as I helped that frightened young expectant mother into the wheel-chair and asked Mr. K. to wait in the adjoining room.

Let's see, what were those questions I'd been taught to ask just a few minutes before? "How many pregnancies Mrs. K.? Have your membranes ruptured?" "When did your pains begin? Have you any show?" After putting technical terms into simple language, Mrs. K. told me this was her first pregnancy. She was only twenty-one, with big blue eyes and pale frightened face. As I removed her clothing, she told me that the membranes were intact, that her pains started shortly after dinner that night and were now coming every six to seven minutes. Her temperature was normal but her pulse was a little rapid—a factor to be expected in the case of a primipara.

While I finished the chart, I sent the young husband in to say a few cheering words to the future mother—his wife. "No visitors on the delivery floor", we say every time, and we always get the same inquiry, "I won't see her again?" Then Mr. K. left and now my most important task began—to make Mrs. K. feel at home in our strange, big hospital. She had never been in a hospital before, had never ridden in a wheelchair, and I know she breathed easier when we reached the ward and I wheeled her into the preparation room. I carefully assisted her from the chair, to a stool, and onto the high table where she would remain for the next hour. Then I put on a mask, which is essential when making the perineal preparation, and watching pains in the second stage of labour.

I explained to Mrs. K. why I did this preparation and by this time my "mother-to-be" was beginning to take an interest in what I was doing for her. Listening to the fetal heart held her speechless. That I should hear, through the stethoscope, the baby's tiny heart pumping with rapid, regular beats, waiting to be received into the outside world, was almost incredible to her. I convinced her that by the strong volume, speed and position of that steady thump, that she must have a normal baby and I knew she was happy. Soon she was telling me how overjoyed she was when she discovered that she was pregnant. Financial circumstances prevented her from seeing a doctor and not until the fifth month did she learn by some fortunate chance that there were prenatal clinics where her case was handled by noted obstetricians free of charge. This soon dispelled any fears due to lack of knowledge and Mrs. K. enjoyed a normal pregnancy.

By now I had almost completed our routine initial preparation and she was ready to join our other patients in labour. Personally, I do not like that word and the same applies to the rooms. It is not the word so much but what it signifies and it is what we nurses think of when we hear it. If patients could only escape that period of suffering and waiting and not have to cry out hour after hour: "How much longer, nurse?" And you, having by this time exhausted your supply of encouraging phrases, simply respond: "It won't be long now." Afterwards they only have a vague memory of how they suffered but they choose to forget and then, with the birth of the babe, all evidences of the past fade away.

Mrs. K.'s pains became stronger. They always do after the giving of the enemata—labour is able to progress more favourably, and the heat stimulates contractions in the uterus. The contractions were, at this stage, every five minutes, strong and regular and lasting about thirty seconds. The fetal heart had descended slightly to the left and every pain meant that the baby was that much closer to being born. I explained this to Mrs. K. and asked her to rest between pains and then when the proper time came, she would have conserved her energy and as a result, make better progress.

Sedation should be carefully regulated; not too much so that there might be a possibility of harming the baby, but sufficient to ease the pains and afford a short rest between times. Mrs. K. had heroin gr. 1/12 and nembutal gr. 1 ss when her pains came every three minutes and were long and severe. At this time a rectal examination by the interne on the service revealed a dilatation of approximately four fingers with the head descending.

She liked the fruit drinks I made her, but I found it necessary to remind her constantly to drink them. Glucose drinks are beneficial to a patient in labour because they maintain the normal body fluids and thus tend to ward off exhaustion, symptoms of which we are always looking for in long, hard labours.

Now, the supervisor made it my duty and responsibility to stay with this patient. Dilatation was complete and watching her progress should prove very interesting. Pressure on the perineum, which at first is hard to detect, is a definite sign that the cervix is dilated completely and that with every pain the head of the baby descends lower and thus flattening, as it were, the pelvic floor. With every pain, Mrs. K. grasped my hand tightly and held her breath. It was while watching one of these contractions that I first saw the membranes. I was petrified for I could think of it being nothing else but the baby's head and, advancing as it was, I felt quite positive that she would deliver at any time—perhaps the next pain! However, that's inexperience. The following pain relieved my doubts and yet it seemed many moments before those membranes finally ruptured with a sudden gush of clear fluid. Now, it could not be long, I felt quite sure. The amniotic fluid continued to seep and for the first time I distinguished a slight pinkish show. I distinctly remember Mrs. K. saying how relieved she was and that a great pressure seemed to have been released, and so it had.

After this important phase in labour came almost constant vigilance. With every succeeding contraction, there was greater bulging of the perineum and a dilating of the rectum. It was only then that this patient showed signs of discouragement. She had been in labour now for twelve hours and these last pains seemed to drain her little body of all it had. The baby's heart, which tells us so much, was checked conscientiously every fifteen minutes—still strong although somewhat faster. Soon we must put our patient on the stretcher and take her down the corridor to one of the delivery rooms nearby—a journey which will have a happy landing we hope.

It was about this time that our supervisor came in to determine her progess. After a few minutes of intelligent observation, her decision was: "She's ready for the case-room." With a feeling of excitement surging through me I wheeled the stretcher close to Mrs. K.'s bed and, with the help of another nurse, assisted her onto the stretcher. That was a hard task for our patient, with her pains almost continuous. She was quite relaxed from the sedative and did not seem at all interested in co-operating with us. Impulsively, she grabbed my hand tightly and asked, "Will I be all right—you won't leave me will you, nurse?" To these questions, I replied: "I'll stay", not knowing but hoping that I would. I did so much want to follow her all the way through. Once we succeeded in getting her on the delivery table I was thrilled when I heard the supervisor say: "Change your cap and scrub." The doctor and the anaesthetist arrived and I was assisted into sterile gown and gloves. Soon Mrs. K. was breathing in the anaesthetic, slowly and deeply, blotting out pain. Sterile drapings, towels, basins, solution, instruments, sponges—all were in readiness for the doctor.

Now the waiting. Each contraction showed more progress, until at last with one successful pain, the babe was born—and a beautiful creature it was! Pink and motionless at first—then a gasp, and a low cry penetrated the solemn stillness of that delivery room—the cry that says "I am alive." It always gives me a wonderful sensation to hear that announcement and to realize that this is the ultimate result of such long waiting and expectation—a sacrifice, but well worth it. She was kicking and protesting noisily. The warm boracic swabs with which I bathed her eyes, the cutting of the cord, the application of an alcohol dressing and binder, and removal of excess mucus from her mouth and nose, all seemed so much like ceremony to her. But not to the white-gowned attendants, for we are taught that we must guard against infection early. She was crying lustily now, and who could blame her? Gently, the doctor handed her to the nurse who wrapped her in warm sterile blankets and placed her in her first bed.

Mrs. K. was still under the anaesthetic and, in the meantime the placenta was expelled, apparently intact. This additional pain seemed to bring her back to reality. What had happened? From somewhere in that semi-conscious mind a thought flickered which brought an expression of peace to the upturned face. Then that question which is so vitally important to a mother — "Is the baby all right?" How happy I was to tell her truthfully that she had a normal baby girl.

Doctors, supervisors, assistants and observers departed leaving me, the scrubbed nurse, to watch mother and babe. For a moment, I gently massaged the fundus which was hardening satisfactorily. The administration of Ergometrine 1 cc. and Infundin 1 cc. was given intramuscularly to prevent bleeding, by stimulating the uterus to contract. By this time, wee Sheila Ann (Mrs. K. had previously told me her chosen name) was trying hard to get that tiny thumb into her mouth. It was time now for mother to have a look. The baby's big blue eyes were stained with Argyrol 20%, which met Mrs. K.'s disfavour until I explained that the instillation of this drug is a precaution we take to guard against the dreaded ophthalmia neonatorum. And so it was a lovely bundle, with her identification necklace and anklet securely attached, was sent down to the nursery to live the life of all babies.

It was almost an hour since Sheila Ann made her appearance in this cruel world and Mrs. K. was in good condition. The thermometer registered a normal temperature, but my "pocket pilot" detected a rather fast pulse—nothing to cause alarm when the fundus is firm and bleeding is moderate. Breast preparation and perineal dressing were soon completed and our patient was ready to leave the case-room. How different it was for her getting on the stretcher this time—how different for us all. We wheeled her down the corridor to the elevator and on down to a nice warm bed, previously prepared for her. Her only desire was to sleep and to make up for the hours of interruped rest and hard, hard work. Trudging back with the stretcher, I marvelled on what had happened—the creation of a Mother and her Babe—to me no less than a miracle!

In Memory of Cory Mabel Taylor

Cory Mabel Taylor was born in London, Ontario, the only daughter of the late Colonel and Mrs. L. E. Taylor of the Salvation Army. She obtained her primary education in the schools of Spokane, Washington, and Winnipeg, and later attended high school in Montreal. She was a student at the Winnipeg School of Art previous to entering the School of Nursing of the Winnipeg General Hospital from which she graduated in 1920. Upon graduation she was employed by the Department of Health of Manitoba, and, leaving Winnipeg in 1926 for Toronto, served with the Toronto Department of Health for two years before going to Bedford College in London, for further study in public health nursing. Upon her return to Canada she joined the staff of the Canadian Junior Red Cross in Toronto, where she served faithfully until her death on August 8, 1942. As a student she was considered by all who worked with her and knew her best as a conscientious and truly good nurse. In her work in Manitoba and Ontario she achieved outstanding success and, at Bedford College, she made many friends, not only for herself but for Canada, among the many nurses from the different countries who attended this international School. We were justly proud of her.

The word versatility best describes Cory Taylor. She was a musician and artist of much more than average ability and a true lover of poetry. For some years she was an active member of the Toronto Camera Club and her camera studies were greatly admired and won favour in many exhibitions. A deeply religious woman, she expressed her convictions in a number of ways. Tolerant of human frailties, unselfish, self-effacing, kindly and sympathetic she attracted to her a wide circle of friends from many walks in life. In her short life of forty-six years she has left a mark not soon to be forgotten. Her sudden death was a great loss to her many friends, but we knew it was as she would have had it. In writing of her death her brother said: "she left us unafraid and with the consciousness of a life well spent that is an inspiration to those of us who remain".

CORY M. TAYLOR

— ISABEL McDIARMID

Obituaries

MRS. GORDON ELLIS (Mary M. Grant) died on July 28, 1942, in Edmonton, Alberta. Mrs. Ellis was a graduate of the Royal Victoria Hospital, Montreal, and a member of the Class of 1928.

ANNIE HILLCOAT, superintendent of the Highland View Hospital, Amherst, N. S., will be sorely missed by that institution and by the community she served so well for thirteen years. Miss Hillcoat was a graduate of the School of Nursing of the Hartford State Hospital, Hartford, Conn., and later undertook post-graduate study at Johns Hopkins Hospital. She served with distinction as a Nursing Sister with the R.C.A.M.C. during the first Great War and, upon her return to Canada, was appointed to the staff of the Camp Hill Military Hospital in Halifax. Her charming personality won many friends and her sudden passing is deeply mourned.

MRS. LORNE HOFFMEYER (Elizabeth Hall) died recently as the result of a motor accident. Mrs. Hoffmeyer was a graduate of the School of Nursing of the Stratford General Hospital and a member of the Class of 1923. Previous to her marriage she served as a supervisor in the McKellar General Hospital, Fort William, Ont.

Mrs. John Macdonald (Annie Allan) died on September 9, 1942, at Dundas, Ontario. Mrs. Macdonald was a graduate of the Mack Training School of St. Catharines General Hospital, and was a member of the Class of 1896.

Jessie MacGregor died recently in Montreal. Miss MacGregor was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1892. For many years she was engaged in private duty nursing and afterwards served as a member of the staff of the Victorian Order of Nurses until her retirement some years ago. Miss MacGregor was a life member of the Alumnae Association, and took an active interest in its work until failing health made it impossible to attend meetings. She died at the ripe age of ninety-one.

Mrs Henry J. Robillard (Alexandra Helen Nelson) died suddenly on July 1, 1942, at her summer camp on the Gatineau. Mrs. Robillard graduated from the School of Nursing of the Montreal General Hospital and was a member of the Class of 1909. She went overseas in January, 1915, serving with distinction as a Nursing Sister in the C.A.M.C. for over four years in France and England. She was mentioned in dispatches for service in France and was awarded the Royal Red Cross. In 1920 she married Dr. Henry J. Robillard and made her home in Detroit. The funeral service was attended by many old friends of the Great War years.

M.L.I.C. Nursing Service

Miss Gilberte Violette (Hôpital du St. Sacrement, Quebec City, 1937) was recently permanently appointed to the Metropolitan Nursing Staff. Miss Violette has been on the Mount Royal Staff, Montreal, since April 1942.

Miss Berthe Poirier (Notre Dame Hospital, Montreal, 1934, and public health nursing course, University of Montreal, 1935) Metropolitan nurse in Three Rivers, was recently transferred to St. Jerome, P.Q., and *Miss Gabrielle Michaud* (Notre Dame Hospital, 1927) was transferred from St. Jerome to Three Rivers.

Miss Angeline Caron (Notre Dame Hospital, Montreal, 1939, and public health nursing course, University of Montreal, 1935) was recently transferred from St. Hyacinthe, P.Q. to the Frontenac Nursing Staff, Montreal, and *Miss Helene Anctil* (Notre Dame Hospital, 1927, and public health nursing course, University of Montreal, 1936) of the Frontenac Nursing Staff was transferred to St. Hyacinthe.

Miss Gertrude Gouin (Notre Dame Hospital, 1937, and public health nursing course, University of Montreal, 1938) Metropolitan nurse in Grand'mere district, recently resigned from the Company's service to join the R.C.A.M.C. as Nursing Sister.

Miss Therese Maynard (St. Charles Hospital, St. Hyacinthe, P. Q., 1936) recently resigned from the Mount Royal Staff to join the R.C.A.M.C. as Nursing Sister.

Miss Pauline Page (Notre Dame Hospital, Montreal, 1936, and public health nursing courses, University of Montreal, 1938, and University of Toronto, 1939) was appointed to the Metropolitan Nursing Staff and has taken up her duties at the Mount Royal office.

Miss Marie Reine Boulanger (Hôpital du St. Sacrement, Quebec City, 1936, and public health nursing course, University of Montreal, 1939) took over the Metropolitan Nursing Service in Grand'mere.

Miss Cecil Richer (St. Joseph Hospital, Lachine, P.Q., 1928, and public health nursing course, University of Montreal, 1938) Metropolitan nurse in Joliette, P.Q., will be transferred to the McGill Nursing Office, and *Miss Germaine Tessier* (Notre Dame Hosptal, Montreal, 1927, and public health nursing course, University of Montreal, 1931) of the McGill Office will replace Miss Richer at Joliette.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $65 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.

(Formerly — The Laurentian Sanatorium)

WANTED

Applications are invited for the position of **Operating Room Supervisor** in the Moose Jaw General Hospital. This Hospital has a capacity of 180 beds, and a very active surgical department.

For further information apply to:

The Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.

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A Night Supervisor, experienced in obstetrics, is required for a 125-bed General Hospital in the Maritime Provinces. The applicant must be registered and have post-graduate preparation, or equivalent, for assuming responsibilities of night supervisor. Apply in care of:

Box 1, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

Applications are invited from English-speaking Nurses with Public Health Certificate. Apply, enclosing credentials, to:

Miss Alice Ahern, Assistant Superintendent of Nursing
Metropolitan Life Insurance Company, Ottawa, Ont.

WANTED

Registered Nurses are wanted for day or night duty. The salary is from $55 to $65 per month.

A Night Supervisor is also required; the salary is from $70 to $75 per month. Apply to:

Great War Memorial Hospital, Perth, Ont.

WANTED

Applications are invited for the position of **Obstetrical Supervisor** in a 140-bed Hospital in the Maritimes. When writing please state age, religion, qualifications, and previous experience, and apply in care of:

Box 2, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

Income Tax Exemptions for Private Duty Nurses

Editor's Note: Just as the Journal goes to press, the following communication has been received from Miss Madalene Baker, chairman of the General Nursing Section:

Due to the fact that there has been considerable confusion regarding exemptions from income tax levies for nurses engaged in private practice, as these pertain to the 1942 General Tax and that portion of our 1942 income earned prior to September 1942, it seemed advisable to seek a ruling on several matters in order to present a clear picture to private duty nurses practising in Canada. As a result, the following statement from the Federal Income Tax Department sets down all items for legitimate exemption for nurses engaged in private practice:

1. That the Provincial Registration Fee paid by nurses will be allowed as a deduction from income as being a professional expense.

It is noted that in the majority of Provinces this fee includes the Registered Nurses Association Fee for the Province. The Provinces of Ontario and Prince Edward Island are the only exceptions and in these Provinces the Registered Nurses Association Fee will be allowed as a deduction as well as the Provincial Registration Fee.

2. The Organized Registry Fee which is paid for call service for nurses in various towns and cities throughout the Dominion will also be regarded as a business expense and allowed as a deduction.

3. Nurses are to be allowed the cost of hypodermic needles, instruments, rubber gloves and other similar equipment which they purchase for purposes of their profession. They will also be allowed the cost of text books in connection with nursing. These are also regarded as business expenses.

4. Laundry bills in connection with nurses' uniforms will also be allowed as a business expense.

It will of course be necessary for nurses to submit vouchers covering the above mentioned expenditures.

5. Where a nurse is engaged by a patient in the hospital and the patient is charged for the nurse's meal by the hospital, the nurse will include a flat rate of 35 cents per meal in her income tax return. This flat rate of 35 cents per meal will apply all over Canada regardless of the actual amount which the hospital may charge the patient for the meals supplied to the nurse.

The foregoing applies to all nurses who are working for fees, but does not apply to nurses who are employed on a straight salary basis, such as nurses working in doctors' offices, etc. inasmuch as no expenses are allowed in reduction of a straight salary. This is in accordance with the provisions of Section 10 of the Income War Tax Act.

The following items are not allowed as a deduction from income under any circumstances:

1. Alumnae fees paid by nurses.
2. Cost of car tickets, taxis, etc.
3. Cost of shoes, uniforms, etc.

It was further determined that nurses who are not on a straight salary basis would not be subject to tax deduction at the source on the amounts paid to them by patients. Such nurses will be dealt with as professional persons and required to pay their tax in quarterly instalments. The first quarterly payment of the 1942 tax will be paid on or before the 15th October, 1942, and thereafter payments will be made on or before the 15th day of January, April and July, 1943. Such nurses will be required to file their 1942 Income Tax Returns on or before the 30th April, 1943.

Nurses who are employed on a straight salary basis, such as nurses in doctors' offices, etc. will be subject to tax deduction at the source and will be required to file their 1942 Income Tax Returns on or before the 30th September, 1943.

Book Reviews

The Mathematics of Solutions and Dosage including Simple Arithmetic, by Margene O. Faddis, R.N., M.A., associate professor of medical nursing, School of Nursing, Western Reserve University, Cleveland, Ohio, and Herschel E. Grime, Ph. D., supervisor of mathematics, Cleveland Public Schools. 124 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price, 75 cents.

This book owes much of its usefulness to the commonsense which evidently inspired its authors. Their approach is best given in their own words: "This manual is presented in the hope that it may be of help to students who have just entered a school or nursing or are about to do so. It is the outgrowth of the experience of one of the authors in teaching the mathematics of solutions and dosage, an experience of the type held in common by all teachers of this subject. Most of the difficulties of this course would be relatively unimportant if all students came to the school of nursing fully prepared to make simple mathematical calculations; even those inherent in the interchangeable use of the metric and apothecaries systems would be minor. It is the authors' firm conviction that if all students had complete mastery of these skills, the course in the calculation of dosages and the preparation of solutions would be undertaken with eager interest and anticipation instead of with fear and dislike." Part one deals with simple arithmetic, pre-

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For further information concerning both these courses apply to: **The Secretary, School of Nursing, University of Toronto, Toronto, Ont.**

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(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to **Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.**

sented from a nursing point of view, and special emphasis is given to the need for accuracy. Part Two is concerned with the mathematics of making solutions and computing doses. Exercises whereby the student may test her knowledge are included. It is significant that one of the authors felt the need for a test of this kind which could be used by senior students in high schools who wish to enter schools of nursing. If this book could be jointly analyzed by high school principals and instructors in schools of nursing a long step might be taken toward solving a common problem.

Essentials of Dermatology, by Norman Tobias, M.D., Senior Instructor in Dermatology, St. Louis University. 478 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price $5.75

The purpose of this book is "to present the growing subject of Dermatology completely and concisely without the sacrifice of detail". Although the book is intended primarily for the use of physicians, it would also serve as a very helpful reference text for nurses. The content is arranged under 32 headings and includes a discussion of the erythema group, eczema, drug eruptions, and toxic bullous diseases such as pemphigus. Forty-five pages are devoted to a description of the various stages of syphilis and the skin lesions associated with this disease are admirably illustrated. The final chapter deals with dermatological therapeutics and concludes with some general suggestions many of which are applicable in the nursing of patients suffering from dermatological disease.

The Life of Florence Nightingale, by Sir Edward Cook, a one-volume reissue of the original two-volume edition. 434 pages. Illustrated. Three appendices, a bibliography and an index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $4.50.

The foreword to this volume has been written by M. Adelaide Nutting and contains a perfect appraisal of its sterling worth: "Among all the innumerable biographies of Florence Nightingale, none compare with this in its penetrating and comprehensive grasp of Miss Nightingale's complex personality and of the tremendous significance and scope of her work. At the outset Sir Edward Cook put aside certain popular and long-entrenched ideas about this almost mythical figure of romance and heroism and placed firmly in the foreground a new conception of her in which her mind was pre-eminent. 'Spacious,' he called it. Great administrative powers, yes; goodness approaching sainthood, yes; these were obvious. But according to many discriminating judges quoted by this biographer and others, it was her clear and powerful intellect that marked her out among all of her contemporaries, both men and women."

The publishers are to be congratulated on their foresight and wisdom in retaining the whole text rather than attempting to bridge it. Although it is many years since this book was originally published, it remains as vivid and as stimulating as when it first appeared. Florence Nightingale herself speaks on every page and, as the lapse of time affords a true perspective, we see clearly that here is one of the greatest women of all time. The reappearance of this nursing classic at this particular juncture is most fortunate. It should be readily available to nurses and to students of nursing everywhere.

Professional Relationships of the Nurse, by Helen F. Hansen, M.A., R.N., executive secretary, Board of Nurses Examiners, California. 369 pages, appendix, and index. Published by W. B. Saunders Company; Canadian agents: McAinsh & Co. Limited, Toronto. Price, $3.25.

The subject matter of this book is arranged in four units. The first affords an introduction to the social, professional and economic responsibilities of the nurse. The chapter entitled "The nurse and her reading" is particularly good. The second unit deals with local and national nursing organizations in the United States of America and,

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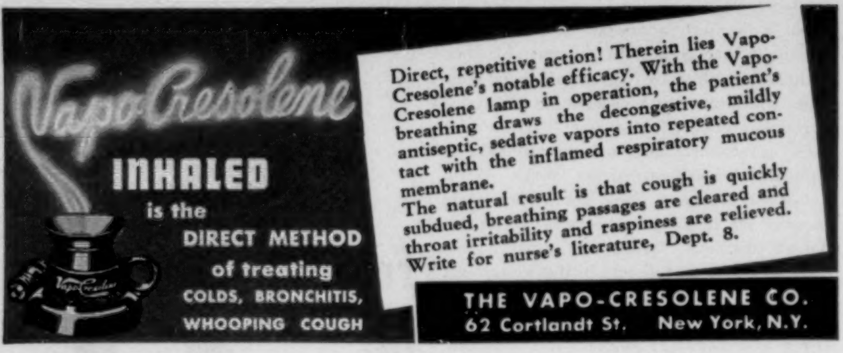

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though very helpful to American nurses, is naturally of less value to Canadian readers. The third unit offers some eminently practical advice concerning the entrance of the nurse into the field of employment and her adjustment to it. The chapters on private duty and on general staff nursing are worthy of special mention. An historical sketch of the International Council of Nurses will be found in unit four. Each unit concludes with a bibliography.

Handbook for Industrial Nurses, by Marion M. West, S.R.N., S.C.M. 129 pages. Published by Edward Arnold & Co., London, 1941.

Written primarily for nurses engaged in industry in Britain, many parts of this book are applicable to the rapidly expanding war industries in Canada. While the development of adequate public health nursing services to the community in general is fairly well advanced in the country, we lag behind in the planned programs for the welfare of the workers in our industrial plants. Britain has taken the lead by the passage of an order requiring that all industrial undertakings of sufficient size to warrant the innovation are to have a medical and nursing service. To familiarize the nurse with her part in this vast scheme, particularly the nurse who has had no postgraduate training, this book was written.

Concrete suggestions are made concerning the duties which come within the scope of the industrial nurse. The author clearly indicates the superior service which results when the organization includes a nurse (rather than first aiders only) working under adequate medical supervision: "The nurse must be capable of seeing the patient as an entity... the nurse in the factory who sees only the injured finger and does not attend to the worker as well as to his injury, however slight, fails to grasp the full scope of her work." This aspect of her program may not be fully appreciated by the employer but since it should result in increased efficiency of the workers, the extra supervision will pay dividends to the industry in the long run. As Miss West remarks : "To be successful in industry nurses should seek to know and understand something of the conditions under which people work as well as the actual work they do. She owes it to employer and worker alike to study the work being done so that she may fit her duties in smoothly with as little loss of time as possible. That part of the plant in which the Health and Welfare Department is situated should not be looked upon by the workers or staff as a place to avoid, but as a centre from which radiates practical help, sympathy and understanding of their situation and their needs."

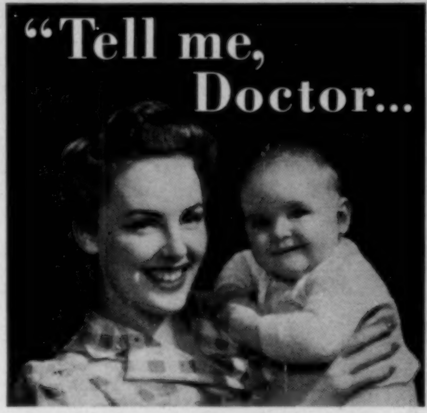
Much of the material in the latter chapters is directly applicable to Britain and is, therefore, of little use to a nurse working in Canadian industry. While this book makes reasonably interesting reading, it cannot be recommended as an authoritative text for industrial nurses in Canada.

—MARGARET E. KERR

So Build We, by Mary Sewall Gardner, A.M., R.N., Honorary President, National Organization for Public Health Nursing. 223 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.25.

Nobody but Mary Sewall Gardner could have written "So Build We". The humour, insight and sound commonsense of the woman herself shine out on every page. The book is a fictional presentation of the many problems confronting Miss Melton, director of a visiting nurse association. These range all the way from finding a comfortable foster home for Mrs. Finnigan's cat to patching up a quarrel with a militant group of social workers in so masterly a fashion that a council of agencies grew out of it. Miss Melton proves to be particularly adept in her approach to staff relationships and adjustment and the personal factors which extend into her choice of her assistant are confessed with a disarming frankness. She also displays both sympathy and understanding in her dealing with modern youth, especially in the handling of the aftermath of a motor accident, due to drunken driving, that came dangerously near disaster for one young nurse.

Miss Gardner has a keen eye for character. The board members, male and female, come alive, and the portrait of the disillusioned but indispensable secretary is a gem. This book will be read with equal interest by young executives and by those old hands in public health work who may wish to compare their own methods with those of Miss Melton. Board and committee members will find it a vivid picture of the situations with which their director constantly has to deal in her daily working life. This is also a book for those members of the lay public who are interested in seeing how the wheels of a public health nursing organization go round.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NEWS NOTES

ALBERTA

EDMONTON:

Members of the graduating class of the School of Nursing of the Edmonton General Hospital were guests of honour at several affairs prior to their graduation. A banquet was held by the Alumnae Association and Miss Alice Mitchell presided as toast-master. In her address, the president, Miss Bietsch welcomed the graduates to the Association and granted them free membership for one year. At the graduation exercises the Lieutenant-Governor of Alberta was a guest speaker. His Grace, Archbishop John H. MacDonald, presented the diplomas to 27 graduates.

Jessie Daniel was the recipient of a general proficiency medal given by the Alumnae Association. Clara Dietrich was awarded the medical nursing prize. For proficiency in surgical nursing, a special prize was awarded to Caroline Jacobs. Jean Richardson was the winner of the scholarship given by Rev. Sister Superior O'Grady which will assist Miss Richardson to take a post-graduate course at the Royal Victoria Hospital in Montreal.

The valedictory was given by Miss Thelma Cushing. The refresher course is being sponsored by the Alumnae Association and will be organized by the president, Miss E. Bietsch. Already there are 34 applicants for the course which will consist of 15 two-hour lectures and two-hour ward observation periods daily in any department.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

Mrs. Harry Williams (Emily Neil, 1923) has recently returned to Winnipeg with her husband and family. Dr. Williams has been a medical missionary in Chengtu, China.

The following marriages have recently taken place: Lila Heller (1933) to Pte. Gordon Farrell; Elizabeth Gamble (1940) to Carl Flemming; Dorothy Pilkey (1942) to Lieut. Edward Hudson; Merle Greenway (1940) to Wm. Shaughnessy.

NOVA SCOTIA

NEW GLASGOW:

The largest preliminary class of 13 nurses recently began their new course of studies at the School of Nursing of the Aberdeen Hospital.

Miss Helen Wilson, who has held the post of superintendent of nurses for the past year at A. H., has resigned for military duty. Her position has been filled by Miss Jessie McCann, a graduate of the Victoria General Hospital, Halifax, and of the McGill School for Graduate Nurses. Miss Isobel Thompson (1936), Miss Jean Johnson (1941) and Miss Nellie Mahoney (St. Martha's Hospital, Antigonish) have joined the R.C.A.M.C. as Nursing Sisters. Miss Rita Langille (1940) has recently been appointed to the staff of the A. H. as supervisor of the maternity department.

The following marriages have recently taken place: Jean Saunders (1941) to George MacLane; Kathleen Freeman (1942) to L.A.C. David Bradbury, R.C.A.F.

ONTARIO

DISTRICTS 2 AND 3

KITCHENER:

Kitchener & *Waterloo Hospital*:

Miss Arleeta Marie King (1937) is the second twin city nurse to arrive in South Africa to serve in the South African Military Hospitals. A native of Brantford, she did private duty work in Kitchener after her graduation. She took a post-graduate course in surgery at the Toronto Western Hospital, and for the past two years has been operating room supervisor at the K.W.H.

Miss Frances Marion Oakes (1930) has arrived safely in England. Before going overseas Miss Oakes was Matron-in-Chief, R. C. A. F. Technical Training Centre, St. Thomas.

Married: Recently, Miss Eleanor Gilmore (1938) to Mr. L. Chappel.

DISTRICT 4

ST. CATHARINES:

The Alumnae Association of the Mack Training School (St. Catharines General Hospital) held its annual meeting on September 2. Among the items of business discussed were the helping with Navy League ditty bags, and the plans for a Bureau of Nursing, which it is hoped will soon be an actuality in St. Catharines. The officers for the ensuing year are as follows: Honourary presidents: Miss Anne Wright, Miss Margaret Kelman, Miss Margaret Hughes, Miss Eugenie Hibbard; president, Miss Evelyn Buchanan; first vice-president, Miss Reta Fowler; second vice-president, Miss D. Colvin; secretary, Miss Wyanona Sayers; treasurer, Miss Evelyn Dougher; program convener, Miss Janet Turner; social convener, Mrs. Michael Zaritsky; flower convener, Miss Louis Koltmeier; visiting, Miss Stella Murray; press, Miss Helen Brown; representative to *The Canadian Nurse*, Miss Marguerite Moulton; advisory committee: Mrs. James Parnell, Mrs. Charles Hesburn.

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whom the honourary degree of Master of Science was conferred by the University of Toledo, earlier in the year.

As this autumn marked the fiftieth anniversary of two graduates of the Mack Training School, plans had been made to celebrate the event. Miss A. E. Hutchison, of Brechin, Ont., a former superintendent of the School, was unable to be present, but her letter contrasting the nursing conditions of fifty years ago, and of today was very vivid. Miss Margaret Kelman, of Toronto, whose long years of distinguished service as a visiting nurse are well known, and whose loyalty and unfailing interest in her Alumnae Association are a constant inspiration, received her gift at the hands of Mrs. James Parnell and Miss Charlotte Tuck. She disclaimed any credit for what she has accomplished, saying simply "God has given me good health" and wishing for all her fellow graduates "fifty years of happiness—even if it's not all in nursing."

Miss Wright paid tribute to the memory of the late Mrs. Harry Southcott, a member of the Board of Governors, and the nurses stood silent in remembrance of one who has through the years been a friend of their profession. A social hour followed at which representatives from the various groups associated with the hospital came to bring their good wishes to Miss Kelman, and the members of the Class of 1942 met with the group they are so soon to join.

The following marriages have recently taken place: Eleanor Lamb (1940) to Joseph Fawcett; Verna Beard (1939) to Ward Hagar; Edith Bachert (1925) to Harry Fluke; Dorothy Harris (1941) to Lieut. D. MacKinnon; Yvonne White (1940) to Dr. Michael Zaritsky; Donalda Veale (1932) to LAC Frank Windebank.

DISTRICT 5

Toronto Department of Health, Division of Public Health Nursing:

A great many changes have taken place in the Nursing Division of the Toronto Health Department. A development of outstanding interest is the nursing service for secondary schools. The following nurses have been assigned to service in them: Grace Garrow (Grace Hospital, 1919), Ruth Kent (Johns Hopkins Hospital, 1938), Marjorie Larkin (St. Michael's Hospital, 1924), Viola Copp (Toronto General Hospital, 1932), Mary Swan (Johns Hopkins Hospital, 1938), Miss McGinnis (Hospital for Sick Children, 1919), Pearl Stiver (Toronto Western Hospital, 1932), Clara Vale

(Toronto General Hospital, 1923), Janet Davidson School of Nursing, University of Toronto, 1940), Louise Tucker (School of Nursing, University of Toronto 1936), Constance Nettleton (Toronto General Hospital, 1919), and Muriel Tait (Wellesley Hospital, 1932). Several new appointments have occurred in the Nursing Division: Marion J. Boaz (Hospital for Sick Children, 1930), Dorothy L. Hare (Toronto General Hospital, 1940), Ethelwyn A. Jeffers (Hospital for Sick Children, 1941), Helen G. Morrow (School of Nursing, University of Toronto, 1941), Jean A. McGillis (Toronto General Hospital, 1940) and Ethel A. Robertson (Toronto General Hospital, 1928).

Miss Dorothy Shantz, for seven years assistant dietitian at the Toronto General Hospital, has been appointed nutritionist attached to the Nursing Division. Miss Elvira Manning (Toronto General Hospital, 1920) resigned from the Nursing Division in order to take over the duties of superintendent of Junior Red Cross activities in Toronto. Miss Manning succeeds Miss Cory Taylor whose recent sudden death came as a shock to so many friends.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

The present totalitarian war with its varied and urgent demands has made the nation realize that it is not a conflict of armies but of individuals and groups of individuals. Problems which never before, perhaps, have arisen now forcibly present themselves in this grave national emergency. Therefore it is not surprising that the nursing profession should not only be involved but deeply concerned in supplying its quota of endeavour in the particular and necessary field of medical effort. Among the many ways recommended by the Canadian Nurses Association toward this end was one of supreme importance—a parallel to post-graduate work in the medical profession—that of the establishment of refresher courses for the benefit of both active and inactive nurses.

The Registered Nurses Association of the smallest province wishing to perform its small part in the Dominion-wide "all-out" effort aligned itself with the activities of Nursing Headquarters and inaugurated, as a war measure, a series of lectures and demonstrations so that active and inactive nurses might refresh themselves in medical and surgical knowledge already acquired and at the same time become acquainted with newer methods of practice. The first of this series was opened in Charlottetown at the P.E.I. Hospital. It was especially gratifying to observe the interest shown in the movement by

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the large representation of married nurses present. The course was so arranged as to provide a good working knowledge such as might be required to meet the needs in the event of an epidemic or emergency. A comprehensive survey of tuberculosis and its nursing care was given by Dr. E. M. Found, assistant superintdeent of the Provincial Sanatorium and Miss Barbara Smith respectively. The medical aspect of meningitis and poliomyelitis were comprehensively dealt with by Dr. J. W. MacKenzie, while the nursing care of these diseases were discussed by Mrs. Lois MacDonald and Miss Katharine MacLennan. The treatment, care and management of burns are topics of numerous articles in medical literature since the beginning of hostilities and their importance were duly recognized in well planned lectures by Dr. J. A. MacMillan and Sr. Mary Angela. The value of blood plasma was the subject of a talk by Miss Annie McEachern. Food facts and fallacies were presented by Rev. Mother Loyola; reduction and other diets by Miss Marjorie Chandler; and instruction to a diabetic was demonstrated by Mrs. Marjorie MacQuarrie. First aid talks by Mrs. Ina Beer, public health nurse, and a demonstration of the use of the respirator brought the course to a close. It must be freely admitted that such courses held throughout Canada cannot help but be of inestimable value to the nursing profession in this time of stress.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Margaret Carson (1937) has accepted the position of instructress at the Royal Columbian Hospital, New Westminster, B.C. Miss Jean Hall (1942) has been appointed to the staff of the Central Division. Miss Lowten French (1926) is doing industrial nursing with the National Breweries.

The following marriages have recently taken place: Jean W. McNair (1940) to Flight Lieut. Norman Brown, R.C.A.F.; Dorothy M. Mimms (1935) to Walter R. Girling.

Royal Victoria Hospital:

Word has been received by her parents that Miss Gladys Collard (1939) is a prisoner in Hong Kong. Miss Nancy Hurst, Miss Cathryn Cummings, Miss Helen Perry, and Miss Mary Harling are taking postgraduate courses at the McGill School for Graduate Nurses. Miss Adelaide Haggart (1937) has been added to the teaching staff.

The following marriages have recently taken place: Phyllis Crabtree (1941) to Albert Lee Pomeroy; Edith Harding (1931) to Rev. Randall Stringer; Marion Steeves (1940) to Dr. Warren Smith.

McGill School for Graduate Nurses:

Mrs. Veronique E. LeBlond (P.H.N., 1938) has been granted leave of absence from the City of Westmount, Montreal, where she was engaged as school nurse, and is now serving with No. 17 Canadian General Hospital, French-Canadian Unit, R.C. A.M.C. Miss Elsie King (P.H.N., 1937) has resigned from the staff of the V.O.N., Montreal, and is now on the staff of the Protestant Foster Home Centre, Montreal.

Recent visitors to the School included: Miss Alice Palmquist (T. & S., 1940), Miss Lillian Baird (P.H.N., 1940), Miss Helen M. C. Saunders (P.H.N., 1936), Miss Martha Earle (P.H.N., 1940), Miss Laura Lambe (T. & S., 1936), and Mrs. Smith (Elizabeth Matheson, Teaching, 1922).

QUEBEC CITY:

Married: Recently, Miss Eva Mackenzie (Jeffery Hale's Hospital) to Mr. Rufus Cromwell.

SASKATCHEWAN

SASKATOON:

The appointment of Matron Dorothy Mary Riches to be a Principal Matron has been announced. Miss Riches is a graduate of the University of Saskatchewan and received her training at the Royal Victoria Hospital, Montreal where she was head nurse of the women's medical ward for three years. Following a post-graduate course in teaching and supervision at the McGill School for Graduate Nurses, Miss Riches accepted a position as instructor of nurses in the Royal Jubilee Hospital, Victoria. When No. 8 General Hospital Unit was organized in Saskatchewan, Miss Riches resigned from the R. J. H. and returned to Saskatchewan to join the Unit as a Nursing Sister.

The following staff members of the City Hospital have left to assume post-graduate study in the East: Alice Robinson (1938), operating room technique, Royal Victoria Hospital, Montreal; Margaret Wilker (1941), teaching and supervision, McGill School for Graduate Nurses; Norma Wylie (1941), Kathleen DeMarsh (1941), and Beatrice Marshall (R.A.H., Edmonton, 1939): teaching and supervision, School of Nursing, University of Toronto.

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By Nina D. Gage and J. F. Landon. A clear, concise, comprehensive text covering all the important features of common contagious diseases. Nursing care of each disease is given, as well as descriptions of the course of various communicable diseases and methods of treatment. Second edition, 1940. $4.40

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In these stirring times . . . one sometimes feels the need of a temporary escape into a peaceful retreat . . . where one could let the world go by . . . For most of us this remains a dream . . . but the other day we heard of a sort of private Shangri-la which set us thinking . . . It seems that two of our contemporaries cherish a Spartan concept which has been a great comfort to them through the years . . . When they were young, they shared the salutary experience of living in a very lonely place with a beautiful Indian name that unfortunately just means Wild Cat Lake . . . No telephones, no radios, not even any railways . . . Journeys in summer were made in birch-bark canoes and Wild Cat Lake often lived up to its name . . . In winter they sallied forth on snowshoes . . . or got a ride behind a team of husky dogs . . . Full of life and energy, they soon escaped from this environment . . . and led fairly strenuous lives in different parts of the great world outside . . . But there came a time when they began to see that life on Wild Cat Lake had a dignity and a beauty of its own . . . It had given them all the simple things they needed . . . food and shelter . . . books and music . . . the sound of lake water on the stones and the wind in the pines . . . The grace and comfort of daily life had been theirs because each had her special skill . . . one had a light hand with home-made bread . . . and the other could fry venison to perfection . . . One could chop down a dead tree and have it fall just where she wanted it . . . the other was good with a buck-saw . . . One hated filling the kerosene lamps . . . so she offered to clean the fish instead . . . As the years went by . . . our friends sometimes found the going a bit hard . . . and when this happened one would write to the other and say "What about going back to Wild Cat Lake?" . . . Fortunately this idea never seemed to appeal to both of them at the same time . . . and so neither of them ever gave up a hard job because things weren't going well . . . Perhaps they couldn't afford to anyway, either in terms of money or self-respect . . . Yet they never forgot that the lake was still there, waiting for them to come home . . . This summer they went to take a look at it . . and found that there are lots of big fish . . . and that the blueberries were plentiful . . . though the water was too high for the wild rice to do well . . . They are a bit doubtful now about their skill with axe and saw . . . but it seems there are still some Indians about who would chop up enough firewood to keep them warm in the winter . . . They looked so happy that we asked them whether we might go with them someday . . . on a self-sustaining basis . . . They seemed a bit dubious . . . "Could you skin a rabbit?" they said sternly . . . "Not very well," we admitted sadly . . . "but we can fish through a hole in the ice" . . . They said they would think it over and let us know . . . but we haven't heard from them yet . . . —*E. J.*

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